IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF WISCONSIN

MARK D. CABAGUA,

Plaintiff,

v.

Case No. 24-cv-22-pp

HEALTH SERVICE UNIT MANAGER LUDWIG, DR. VACHET, DDS, MARIA PUNAL SMITH, DDS, CINDY K. DENTAL ASSISTANT, AND DR. PANOS, DIA DENTAL DIRECTOR.

Defendants.

PROPOSED AMENDED COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

I. JURISDICTION & VENUE

¹This is a civil action authorized by section 42 U.S.C. § 1983 to redress the deprivation, under color of state law, of rights secured by the Constitution of the United States. This Court has jurisdiction under 28 U.S.C. § § 1331 and 1343(a) (3). Plaintiff Mark D. Cabagua (referred to hereinafter as "Cabagua") seeks declaratory relief that is authorized under 28 U.S.C. § § 2201 and 2202. Cabagua's claims for injunctive relief are authorized by 28 U.S.C. § § 2283 & 2284 and Rule 65 of the Federal Rules of Civil Procedure. The United States District Court for the Eastern District of Wisconsin is the

Cabagua's attached exhibits are labeled A through Z.

appropriate venue under 28 U.S.C. § 1391(b)(2) because it is where the events giving rise to the claim occurred.

II. PLAINTIFF

Cabagua is and was at all times mentioned herein a prisoner of the state of Wisconsin in the custody of Wisconsin Department of Corrections. ("WDOC") Cabagua is currently confined at the Oshkosh Correctional Institution, P.O. Box 3310, Oshkosh, Wisconsin 54903-3310. ²

III. DEFENDANTS

Defendant (1) – J. LUDWIG, (referred to hereinafter as "Ludwig") is the Health Services Manager at OSCI for the WDOC, whose office is 1730 W. Snell Road, P.O. Box 3530, Oshkosh, WI 5490. Ludwig is responsible for the overall operation of the Health Service Unit ("HSU".) In addition, to see that no prisoner shall be intentionally denied or delayed access to dental care. Ludwig was aware that Cabagua was placed on the routine wait list on December 16, 2021. Ludwig stated, per DIA policy 500. 40. 21 routine dental care is to be completed within twelve (12) to eighteen (18) months, and that Cabagua's wait time is within the acceptable period. Ludwig also explained that Cabagua would be called by priority and list order. Cabagua informed Ludwig that others similarly situated as Cabagua followed the same complaint procedure as Cabagua—filed their DSR form and was seen the next day. C. O'Donell, also explained that "[t]here is no wait list for up to 18 months."

When considering laypersons (pro se) litigants' pleadings, the United Sates Supreme Court has held that "[a] document filed pro se is 'to be liberally construed,' ... however in-artfully pleaded, must be held to less stringent standard than formal pleading drafted by lawyers." See *Estelle v. Gamble*, 429 U.S. 97, 106 (1976).

Ludwig was aware that Cabagua was not receiving adequate care according to DIA policy 500. 40. 21.

Defendant (2) – Dr. Vachet Eunice, DDM, (referred to hereinafter as "Vachet") is the dentist at OSCI for the WDOC, whose office is 1730 W. Snell Road, P.O. Box 3530, Oshkosh, WI 54901. Vachet is responsible for the overall operation of the Dental Service Department at OSCI. In addition, to see that no prisoner shall be intentionally denied or delayed access to Dental care. Vachet is responsible for scheduling essential routine, routine, and prosthetic dental appointments. Vachet was aware that Cabagua was not receiving adequate care according to DIA policy 500. 40. 21., and failed to act on Cabagua pleas for help from the pain and suffering that he is continuing to endure.

Defendant (3) – Maria Punla Smith, DDS, (referred to hereinafter as "Smith") is the dentist for the WDOC whose office is 1730 W. Snell Road, P.O. Box 3530, Oshkosh, WI 54901. Smith is responsible for the overall operation of the Dental Department at OSCI. Smith was aware that Cabagua was placed on the routine wait list on December 16, 2021. Smith also explained that Cabagua would be called by priority and list order. Smith took the Ex-rays on January 12, 2021, and explained that Cabagua's tooth was dead and that it had to be removed, when in fact it wasn't. Smith was aware that Cabagua was not receiving adequate care according to DIA policy 500. 40. 21.

Defendant (4) – Cindy K. is a dental assistant who is employed for the WDOC, whose office is 1730 W. Snell Road, P.O. Box 3530, Oshkosh, WI 54901. Cindy is responsible for the overall operation of the dental service department. Cindy is responsible to see that prisoners receive the same dental care as those in the general public. Cindy is also responsible to see that she does not subject any prisoner to cruel and unusual

punishment in violation of the Eighth Amendment or deny any prisoner the equal protection of the law in violation of the fourteenth Amendment.

Defendant (5) – Dr. Panos, (referred to hereinafter as "Panos") is the Dental Director of the WDOC, whose office is located at 149 E. Wilson St., Madison, WI 53707-7925. Panos is responsible for the overall operation of the WDOC and each institution under his jurisdiction, including OSCI. Panos' role is primarily administrative and strategic, focusing on policy-making, and budgeting, and overall department managing. Panos is legally responsible to see that prisoners received the same dental care as those people who are in the general public. He is legally responsible to see that his underlings, doctors and nurses do the same. In addition, Panos is legally responsible to insure that he and his underlings, doctors and nurses do not subject any prisoner to cruel and unusual punishment in violation of the Eighth Amendment or denied any prisoner the equal protection of the law in violation of the Fourteenth Amendment to the United States Constitution. Panos is responsible for adopting an unconstitutional policy, and failing to ensure that OSCI had adequate staffing and resources to address Cabagua dental needs, and others similarly situated.

Each defendant is being sued individually and in his or her official capacity. At all times mentioned in this complaint, each defendant acted under the color of state law.

IV. PREVIOUS LAWSUIT

- A. Have you begun other lawsuits in state or federal court relating to the same facts involved in this action?

 NO.
- B. Have you begun other lawsuits in state or federal court relating to your imprisonment? NO.

V. PLACE OF RESIDENCE

Mark D. Cabagua is a resident of the State of Wisconsin, at the time of the events alleged in the complaint, he was in legal custody of the Wisconsin Department of Corrections, housed at Oshkosh Correctional Institution.

VI. EXHAUSTION OF LEGAL REMEDIES

Cabagua used the prison grievance procedure available at Oshkosh Correctional Institution. On February 15, 2023, Cabagua presented the facts relating to his complaint. (Ex.: O 1-3). On March 23, 2023 Cabagua was sent the response stating his claims had been denied. (Ex.: P). On March 28, 2023, Cabagua appealed the denial of that grievance. On April 5, 2023 the office of the secretary C. O'Donnell affirmed Cabagua's appeal, and held that Cabagua has not been seen timely for restorative treatment in accordance with policy. See (Ex.: E 1-2).

VII. FACTUAL ALLEGATIONS

Cabagua hereby declares, on July 21, 2013, Cabagua filed a Dental Service Request ("DSR"), informing the dental staff at OSCI that he was in need of dental services. Specifically, Cabagua explained that his previous examination from Dodge Correctional Institution stated that Cabagua was in need of several teeth filled. See (Ex.: A) and (Ex. B: 1-2). See also (Ex.: C), first DRS form filed at OSCI providing that Cabagua had routine dental and chronic dental needs.

On July 22, 2013, Cabagua was seen by Linneman and had one of his teeth filled. Cabagua notes, that the other teeth that need to be filled never got any attention. Cindy K. explained that Cabagua would be put on the routine waiting list to have the other teeth filled.

On January 3, 2016, Cabagua submitted another DSR form explaining that the last tooth that was filled broke, and that it was causing him extreme pain. Additionally, Cabagua explained that two other fillings fell out and would like to have them fixed before they got infected and had to be extracted. See (Ex.: F 1). On January 4, 2016 tooth #4 had to be extracted because it was not tended to in a timely manner. See (Ex.: F 2). See also (Ex.: F 3), dental examination showing that Cabagua's teeth were in need of treatment.

On January 12, 2016, Cabagua submitted another DRS form explaining that a piece of the previous tooth that was extracted was still imbedded in his gum, that the gum area was infected, and that Cabagua was in severe pain and discomfort. See (Ex.: G 1-2).

On February 12, 2017, Cabagua submitted another DSR form explaining that the other four fillings were causing him pain and discomfort, and that he was in need of dental care as soon as possible. Cabagua had been on the routine waiting list since January 4, 2016 and was very concerned about his teeth because they were causing him pain, and he did not want to have any more teeth extracted. See (Ex.: H).

On April 26, 2017 Cabagua wrote another DSR form explaining that one tooth that need to be filled broke and was in need of care, and that the other three teeth that need to be filled were causing Cabagua severe pain. See (Ex.: 1). On April 27, 2017, Cabagua was seen by Dr. Domrois and had tooth # 20 filled—the other three teeth were not tended to. Again, Cabagua submitted another DSR form informing dental staff that the other teeth still were causing him pain.

On June 21, 2017, Cabagua was seen by Demrois because he was experiencing a lot of pain on the tooth that never received any treatment. On this appointment Demrois

explained that he would fill tooth #15 and #20, and that if the teeth start throbbing and causing Cabagua pain the teeth would have to be extracted. See (Ex. J 1-2).

On February 27, 2018, Cabagua filed another DSR form explaining that tooth #15 and #20 that just got filled were causing him extreme pain and discomfort. On February 28, 2018, Tooth #15 and #20 had to be extracted because they were not tended to on several previous appointments. Cabagua also explained that his other three teeth were causing him pain and discomfort. Cindy K. explained that Cabagua would be placed on the routine wait list. See (Ex.: K).

On December 14, 2020, Cabagua submitted another DSR form stating that his tooth was deteriorating at a severe rate, and that he was in severe pain. Again, Cabagua was put on the routine waiting list. On January 20, 2121, Cabagua submitted another DSR form explaining that his tooth is still deteriorating at an alarming rate, and requested to be seen as soon as possible. Consequently, to Cabagua's detriment, he was told that he was on the routine waiting list. On March 15, 2021, Cabagua filed another DSR form complaining that his tooth continues to get worse—he pleaded with the dental service department to please help! Because Cabagua was in a great deal of pain. Cabagua also pleaded that he does not want the tooth to get infected and have to be extracted. On April 8, 2021, Cabagua filed another DSR form continuing to complain that his tooth continues to get worse. In addition, Cabagua explained that the tooth next to the one that was deteriorating has also started to deteriorate—Cabagua pleaded for help because he did not want to lose anymore teeth. See (Ex.: L 1-4), Cabagua's DSR forms pleading for help. Cabagua notes that he was on the routine list since February 27, 2018.

Finally, on April 20, 2021, Cabagua was seen by Dr. Vachet and Cindy K., Cindy K., explained to Cabagua that the teeth that he had been complaining about are dead, and have

to be extracted. Vachet explained that she would be able to save tooth #11. And she in fact saved tooth #11. See (Ex.: M 1-7). However, Dr. Vachet did not provide any treatment to the other teeth that needed to be filled, and Vachet gave no explanation as to why no treatment was to be provided—just that Cabagua would be on the routine wait list.

On April 28, 2021, Cabagua had a dental visit with DR. Kinziger, Kinziger explained that tooth #3, #12, and #31 had to be extracted because the teeth were dead. Dr. Kinzinger's notes are also contained in (Ex.: M 1-7.)

On June 20, 2021, Cabagua filed another DSR form explaining that the area were the last tooth was extracted was causing him pain, and it felt like some of the tooth was still embedded in his gum. See (Ex.: N 1).

On November 2, 2021, Cabagua was seen by Kluess to have his teeth cleaned. Kluess explained that Cabagua needed three of his teeth filled, and that his front tooth was also deteriorating, and to put in a DSR form as soon as possible to have it fixed and filled. Cabagua notes, that Kluess stated that Tooth #3 was not dead and could be restored. See (Ex.: M 1-7), Cindy K. and Vachet stating tooth #3 was none restorable. Also, the X-Rays located at OSCI also confirm that tooth #3 is not dead. X-Rays are labeled as (Dent Sply Rinn #21-6070 4BW).

³After Cabagua's November 2, 2021 appointment, Cabagua filed several DSR forms explaining that he was in pain and discomfort—Cabagua pleaded an begged with dental

Cabagua was on the routine wait list from July 22, 2013; till January 3, 2016; from January 12, 2016; till February 27, 2018; from February 27, 2018; till December 14, 2016; December 14 2020; till November 2, 2021. Cabagua's last DRS form was submitted on October 10, 2023. Cabagua has been in pain and discomfort since December 16, 2021. It's been almost been four years (4) since Cabagua was last seen.

staff for help because he did not want to lose anymore teeth, or have any more sleepless nights due to the pain and discomfort. See Cabagua's fourteen (14) DSR forms pleading for help. (Ex.: N 1-14.)

IX. STANDARD OF REVIEW FOR DELIBERATE INDIFFERENCE

The Eighth Amendment prohibits cruel and unusual punishment; that guarantee and encompasses a prisoner's right to medical care. It is well established that "deliberate indifference to serious medical needs of prisoners constitutes the unnecessary and wanton infliction of pain proscribed by the Eighth Amendment." *Estelle v. Gamble*, 429 U.S. 97, 104, 97 S.Ct. 285, 50 L.Ed.2d 251 (1976) (quotation marks and citation omitted). This principle applies equally to dental care. *Berry v. Peterman*, 604 F.3d 435, 440 (7th Cir. 2010). But negligence, even gross negligence, does not violate the Constitution. *Estelle*, 429 U.S. at 105–06, 97 S.Ct. 285; *Knight v. Wiseman*, 590 F.3d 458, 463 (7th Cir. 2009). Only deliberate indifference or worse in the face of a serious medical need will do. *Estelle*, 429 U.S. at 103–04, 97 S.Ct. 285; *Hayes v. Snyder*, 546 F.3d 516, 522 (7th Cir.2008). A delay in treatment may constitute deliberate indifference if the delay exacerbated the injury or unnecessarily prolonged an inmate's pain. *Estelle*, 429 U.S. at 104–05, 97 S.Ct. 285; *Gayton v. McCoy*, 593 F.3d 610, 619 (7th Cir. 2010); *Edwards v. Snyder*, 478 F.3d 827, 832 (7th Cir.2007).

The Seventh Circuit has held that "dental care is one of the most important medical needs of inmates." *Board v. Farnham*, 394 F.3d 469 (7th Cir. 2005) See *Wynn*, 251 F.3d at 593; (*Ramos v. Lamm*, 639 F.2d 559, 567 (10th Cir. 1980)). In addition a number of other courts have also held that dental pain accompanied by various degrees of attenuated medical harm may constitute an objectively serious need. See *Fields v. Gardner*, 734 F.2d 1313 1314-15 (8th Cir. 1984); *Penroid v. Zavaras*, 94 F.3d 1399 1406 (10th Cir. 1996)

(recession or bleeding of the gums); *Boyd v. Knoxs*, 47 F.3d 966, 969 (8th Cir. 1995) (deterioration of the teeth due to the lack of treatment); *Hunt v. Dental Dep't*, 865 F.2d 198, 200 (9th Cir. 1989) (an inference with ability to eat) (citing *Board v. Farnham*, 394 F.3d 469 (7th Cir. 2005).

A. ARGUMENT

Cabagua argues that Dr. Vachet, Dr. Smith, Cindy K., and Panos were deliberately indifferent to his dental needs. The WDOC has an affirmative duty to provide adequate dental and medical care to their inmates. *Estelle v. Gamble*, 429 U.S. 97, (1976). This includes claims involving inadequate dental care. See *Board v. Farnham*, 394 F.3d at 477-78. And this duty is that the "deliberate indifference to [the] serious medical need of prisoners constitutes the 'unnecessary and wanton infliction of pain'" and violates the Eighth Amendment's prohibition against cruel and unusual punishments. Id at 104. Specifically, to be deliberately indifferent, an official must both (1) *know* about a risk to an inmate and (2) fail to respond reasonably to that risk. Knowledge of a risk and an unreasonable response are elements of all failure-to-protect, medical care, and conditions claims.

On June 22, 2009, Cabagua had his teeth examined by Rosenthal, the examination provided that Cabagua was in need of seven teeth filled. Specifically, tooth #3, #4, #6, #14, #15, #18, and #20 were in need of treatment. See (Ex.: A and B 1-2).

On July 21, 2013, Cabagua filed another DSR informing the dental staff that he was in need of dental services. See (Ex.: C). Specifically, Cabagua explained that the hole in his tooth was getting bigger and would like to get it fixed as soon as possible. On July 22, 2013, Cabagua was seen by Dr. Linneman and had the tooth that was cracked extracted,

because it was not tended to in a timely manner. See (Ex.: D). Cabagua asked Linneman and Cindy K. about the other teeth that needed to be filled, and Linneman and Cindy K. gave no explanation to why Cabagua's other teeth got no treatment. Smith explained that Cabagua would be on the waiting list for restorative work. Cindy K. is responsible for placing Cabagua on the routine wait list. On July, 22, 2023. Cindy K. knew of the delay, and that Cabagua was not receiving adequate care. See *Shields v. Dart*, 664 F.3d 178, 181 (7th Cir. 2011) (a defendant is deliberately indifferent, when the defendant knows of the harm.) See also *Hildebrandt v. Ill. Dept. of Nat. Res.*, 347 F.3d 1014, 1039 (7th Cir. 2003) (liability attaches when the defendant causes or participates in the constitutional violation.)

Cabagua was seen on July 22, 2013 for a priority appointment by Linneman. Cabagua notes, C. O'Donnell, provided "[a]n inmate patient may be on the wait list for which a request has been received and may be on more than one list. If an inmate patient sends an urgent request, and is already on the routine wait list, the inmate patient is place on the urgent list but also remains on the routine list." See (Ex.: E 1-2), office of the secretary's decision. From July 22, 2013, Cabagua was placed on the routine wait list, and was seen for several emergency appointments.

Cabagua filed another DSR form on January 3, 2016, explaining that one of his teeth that needed to be filled broke and was causing him a great deal of pain, and two other teeth needed to be filled. See (Ex.: F 1-2-3). Consequently, the tooth that broke had to be extracted because it was not tended to in a timely manner. See *Boyd v. Knoxs*, 47 F.3d 966, 969 (8th Cir. 1995) (deterioration of the teeth due to the lack of treatment). Cabagua also notes, the two other teeth that needed to be filled did not receive any treatment—with no explanation as to why. It would not have been difficult to have provided Cabagua treatment upon his several requests. Due to the delay of treatment Cabagua lost several of his teeth. There could be no legitimate reason related to safety or security for failing to provide treatment. See e.g., *Hoptowitv v. Ray*, 682 F.2d 1237, 1252-54 (9th Cir. 1982) (Eighth

Amendment violation because of inadequate staffing, organization of health care system, access to care, medication distribution system, medical records, an facilities.

On January 12, 2016, Cabagua submitted another DSR form explaining that a partial piece of tooth #20, which supposedly got extracted remained embedded in Cabagua's gum—the tooth started to bleed. Cabagua was unable to eat and felt very sick, hot, and dizzy. On January 13, 2016, nine days later, Cabagua was seen and had the rest of the tooth extracted. See (Ex.: G 1-2). Again, at this appointment Cabagua pleaded with the dental staff to have the other teeth that needed to be filled, filled. Cindy K. explained that I would be on that waiting list.

On February 12, 2017, Cabagua submitted another DSR form explaining that he has four teeth that are in need of fillings—Dental staff explained, "we will schedule you when your name comes up." See (Ex.: H). Cabagua had been on the list since January 3, 2016. See (Ex.: F).

It is respectfully submitted, that Cabagua suffered from continued pain, loss of teeth, discomfort, anxiety, and infection. The above defendant's consciously failed to take reasonable measures. From the above pleadings, Cabagua provided that his medical condition was serious—that there was a likelihood of immense and further harm; and that there was ease and efficacy of providing treatment. See *Roe v. Elyes*, 631 F.3d 843, 859 (7th Cir. 2011); *McGowan v. Hulick*, 612 F.3d 636, 640 (7th Cir. 2010). Vachet, and Cindy K. failed to take reasonable measures to provide treatment for Cabagua's dental needs. The defendants were aware of Cabagua's need for dental services, from his continued complaints of pain and discomfort. See *Thomas v. Cook, Count, Sheriffs dep't*, 588 F.3d 455 (7thCir. 2009) (jury could infer awareness from complications); *Cayton v. McCoy*, 593 F.3d 610, 623-24 (7th Cir. 2010).

On April 26, 2017 Cabagua filed a DSR form explaining since his last DSR form tooth #15 broke and three other teeth hurt real bad. See (Ex.: I). Two months later, Cabagua was seen by Dr. Domoris, he explained that tooth #15 needed a "very deep filling" and if it gave Cabagua any trouble after he filled it, that it may have to be removed. See (Ex.: J 1-2).

On February 27, 2018, eight months latter, Cabagua filed another DSR form explaining that he was experiencing severe pain from tooth #15 and that another tooth was giving him pain. Tooth #15 was extracted on February 28, 2018, because it was not tended to in a timely manner. See (Ex.: K). If Cabagua would have had his teeth filled before his January 13, 2016 appointment, and in accordance with DOC policy, Cabagua would still have his teeth. It's clear that that defendant's judgement not to repair Cabagua's teeth while he was seen on several prior appointments—coupled with no explanation as to why they did not perform any work on Cabagua's teeth was "blatantly inappropriate" and a substantial departure form accepted professional judgement, practice or standards. Cabagua provide that his medical condition was serious—that there was a likelihood of imminent of further harm, and that there was the ease and efficacy of providing treatment. From February 27, 2018, until December 14, 2020, Cabagua continued to be in pain and discomfort from the other teeth that needed to be filled.

On December 14, 2020, Cabagua filed another DSR form explaining that one of his teeth that needed to be filed was deteriorating at a sever rate—and needed treatment so that it would not get infected and have to be extracted. See (Ex.: L 1-2-3-4), Cabagua's several DSR form pleading for help because he did not want to lose anymore teeth. Finally, on April 20, 2021, Cabagua was seen by Dr. Vachet, she explained that the tooth that was deteriorating is dead—she explained tooth #3, #11, #13, #12, and #31 are also dead and were in need of extraction. However, Dr. Vachet stated that she would save tooth #11, and she in fact saved tooth #11. However, tooth #12 and #31 had to be extracted. Cabagua

refused to have tooth #3 extracted because it didn't hurt as bad as the others. See (Ex.: M 1-7).

Cabagua was also informed by dental service not to eat anything that would cause his teeth to chip or break. Therefore, Cabagua is unable to eat apples, nuts, or chips to prevent his teeth from further damage. Apples and chips are almost served daily as part of the WDOC diet structure. Consequently, Cabagua is still being deprived from eating the proper diet, because his front tooth and two others need to be filled. Therefore, Cabagua is being treated differently from others similarly situated, thereby altering the daily activities of Cabagua. See *Gutierrez v. Peters*, 111 F.3d 1364, 1373 (7th Cir. 1997). Cabagua also had to endure significant pain and discomfort for many years. See also *Cooper v. Casey*, 97 F.3d 914, 916-17 (7th Cir. 1996). Cabagua's continued complaints of pain, and the need for assistance—coupled with the documents providing that Cabagua's teeth were in need of attention; provide that the defendant's failed to take reasonable measures to provide treatment for Cabagua's serious dental needs. The irreplaceable teeth that Cabagua has lost, proved that DIA Policy 500. 40. 21, was violated a number of times, and Cabagua's pleadings should be sufficient to shows that the defendant's actions were ineffective and that their actions were inappropriate.

In any event, other similarly situated as Cabagua followed the institution's grievance procedure, and the DOC's Office of the Secretary C. O'Donnell agreed that Jacob Anderson was not seen in a timely manner. See (Ex.: X), Anderson's DRS form. See also (Ex.: W 1-2), Anderson's inmate complaint. More importantly, Dr. Smith provided care to Mr. Anderson before she provided care to Cabagua. Clearly, Dr. Smith, discriminately decides who receives dental service and who does not. As a consequence of Dr. Smith's actions, Cabagua suffered from intense pain for years—and loss of teeth. Cabagua continues to suffer from pain, loss of teeth, discomfort, and anxiety in violation of Cabagua's constitutional rights. Dr. Smith should follow a reasonable method of

systematically scheduling and handling dental examinations, fillings, extractions, dentures, root canal needs, and gum treatments—not just deciding in her own discretion who receives treatment and who does not. It's clear that the above defendants failed to take reasonable measures to provide medical treatment for Cabagua's serious medical need. Dr. Smith's actions are a substantial departure from accepted professional judgement. Dr. Smith was indeed aware of Cabagua's serious dental needs from his symptoms and continued complaints. See *Thomas v. Cook Cnty. Sheriffs Dept*, 588 F.3d 455 (7th Cir. 2009) (Jury could infer awareness from complication of symptoms plaintiff exhibited and his complaints); *Gayton v. McCoy*, 593 F.3d 610, 623-24 (7th Cir. 2010) (same). Clearly, the X-Rays provide that Cabagua's teeth were and are in need of care. X-Rays are contained in Cabagua's dental file located at OSCI, as a pro se inmate Cabagua was unable to secure the X-Rays and submit them as Exhibits. Cabagua will provide them in his production of documents motion. X-Rays are labeled DCI Det. Suply. Rinn # 21-6070. 4BW.

On November 2, 2021, Cabagua was seen by Kluess to have his teeth cleaned. Kluess explained that Cabagua needed three of his teeth filled, and that his front tooth was also deteriorating, and to put in a DSR form as soon as possible to have them fixed and filled. Cabagua notes, that Kluess stated that Tooth #3 was not dead and could be restored. See (Ex.: M-1), Cindy K and Vachet stating tooth #3 was none restorable. Also the X-Rays located at OSCI also confirm that tooth #3 is not dead. The defendants knew that Cabagua's teeth were in need of care. See *Shields v. Dart*, 664 F.3d 178, 181 (7th Cir. 2011) (a defendant is deliberately indifferent, when the defendant knows of the harm.) See also *Hildebrandt v. Ill. Dept. of Nat. Res.*, 347 F.3d 1014, 1039 (7th Cir. 2003) (liability attaches when the defendant causes or participates in the constitutional violation.)

After Cabagua's November 2, 2021 appointment, Cabagua filed several DSR forms explaining that he was in pain and discomfort—Cabagua pleaded an begged with dental

staff for help because he did not want to lose anymore teeth or have any more sleepless nights due to the pain and discomfort. See Cabagua's fourteen (14) DSR forms pleading for help (Ex.: N 1-14).

In this case, O'Donnell, provided "[a]n inmate patient may be on the wait list for which a request has been received and may be on more than one list. If an inmate patient sends an urgent request, and is already on the routine wait list, the inmate patient is place on the urgent list but also remains on the routine list." See (Ex.: E 1-2), office of the secretary's decision. O'Donnell clearly provided that Cabagua was not seen in accordance with DIA policy, therefore the delay in dental care, coupled with the defendant's knowing of Cabagua's suffering, support a finding of an Eighth Amendment violation. See *Boyd v. Knox*, 47 F.3d 966, 969 (8th Cir. 1995) ("A three-week delay in dental care, coupled with knowing of inmate-patient's suffering, can support a finding of an Eighth Amendment violation...") Cabagua has suffered far much longer than three weeks. See also *Hartsfield v. Colburn*, 371 F.3d 454, 457 (8th Cir. 2004) (dental pain, bleeding, swelling, ect., "constituted a need for medical attention that would have been obvious to a lay person, making submission of verifying medical evidence unnecessary").

Dr. Panos rubber-stamped the denial of Cabagua's initial complaint on February 23, 2023. See (Ex.: P and S). It's clear that Panos' decision was based on the findings drafted by Ludwig. Ludwig was aware that Cabagua was placed on the routine wait list on December 16, 2021. Ludwig stated, per DIA policy 500. 40. 21 routine dental care is to be completed within twelve (12) to eighteen (18) months, and that Cabagua's wait time is within the acceptable period. Ludwig also explained that Cabagua would be called by priority and list order. Cabagua informed Ludwig that others similarly situated as Cabagua followed the same complaint procedure as Cabagua—filed their DSR form and was seen the next day. C. O'Donell, also explained that "[t]here is no wait list for up to 18 months." Further, Panos changed his opinion, providing that "the correct policy that applies her is

500. 40. 21. See (Ex.: E 1-2). As the DIA dental director, Panos should have an awareness of DIA policy, the policy is not subtle or intricate. Due to Panos' scant review of Cabagua's pleadings provide that his actions were "blatantly inappropriate," thereby, leaving Cabagua to suffer prolonged pain and discomfort. See e.g., *Ortiz v. Webster*, 655 F.3d 731, 735-36 (7th Cir. 2011); *Gil v. Reed*, 535 F.3d 551, 557 (7th Cir. 2008) (finding the court is reluctant to surrender to a medical professionals judgement if he has changed his opinion). Also, Panos should also have unawareness of the delays at all Wisconsin institutions that he over sees.

On July 26. 2022 Cabagua was seen by Smith and Cindy K. for pain in teeth #9, #21, #27, and #28. Cabagua explained to Smith and Cindy K. that Kluess provided that the above teeth were "in need of treatment". Smith and Cindy K. responded "no she did not she wouldn't say that!!!" At this appointment Smith and Cindy were aware of Cabagua's dental needs. Cabagua notes, Kluess stated that tooth #3 could be saved, with no mention that tooth #3 had extensive mesial caries and could not be replaced. Several circuits have recognized that a cavity is a degenerative condition, and if left untreated, it is likely to produce agony, and require more invasive and painful treatments, such as root canal therapy or extraction.

At the above appointment, Cindy K. conducted the X-Rays, and informed Smith that tooth twenty-one (21) had an abscess. Smith preformed a series of tests on tooth #20 and #21. Smith also informed Cabagua that tooth #21 had an abscess and was in need of extraction. Cabagua refused extraction and signed a refusal. See Respondent's (Ex. 1002-001). The findings made by Smith and Cindy are severely misleading. In fact, Smith under 28 U.S.C 1746, declared under penalty of perjury that her foregoing declarations are true and correct, (Dkt. 22:P14). Therefore, Smith committed perjury, and Cindy K. stood by and turned a blind eye to Smith's wrongdoing, this is not negligent behavior, this is intentional wrongdoing that violates the Eighth Amendment. Also, Cindy preformed the

X-Rays and provided the findings to Smith at each and every appointment. In any event, any dentist or assistant knows that a tooth abscess need prompt treatment. If left untreated the infection could close off the airway to the nose and cause death.

Defendants may argue that Cabagua was taken off the routine wait list. However, as stated above, "[a]n inmate patient may be on the wait list for which a request has been received and may be on more than one list. If an inmate patient sends an urgent request, and is already on the routine wait list, the inmate patient is place on the urgent list but also remains on the routine list." See (Ex.: E).

In this case, Cabagua did not object to a particular course of treatment, Cabagua alleges that the above defendants knew of the delay, and that Cabagua suffered from pain and discomfort from several of his teeth, from his continued submission of DSR forms requesting dental care. To Cabagua's detriment he previously lost several teeth due to the lack of dental care, and the delay of treatment. Cabagua also had to endure pain, discomfort, and many sleepless nights. Despite the defendant's knowledge of Cabagua's continued complaints that he was experiencing pain and discomfort, and that his teeth were deteriorating at a sever rate—the defendants continued to wait several months before providing treatment. When Cabagua was finally seen it was too late, the teeth were infected and had to be extracted.

Cabagua had tooth #3 extracted because it stated causing him extreme pain after his 2024 visit. Cabagua still has three (3) caries that need treatment, and they are still causing him pain, discomfort, and sleepless nights. Cabagua is in fear of losing his front tooth and two other teeth that need treatment. The wait time to have the teeth filled is over two years long, there is no way that the teeth will make it that long, my front tooth continues to deteriorate at an alarming rate. Moreover, in order to be placed on the list to receive partial

teeth, you have to have all fillings complete, then from that point there is a two year waiting list to get partial teeth. See (Ex. Z#3) Smith, Stating that Cabagua is "not eligible to request partials until all fillings are completed. Cabagua pointed to DAI Policy 500. 40.21, which causes systemic delays in treating Cabagua, and others similarly situated. In fact, Maria Pulna Smith, DDS, provided ample evidence that support Cabagua's contentions. See Dkt. 22 P13 at 58. Smith stating that "[i] have been working on catching up on the waiting list since I returned to Oshkosh in 2021. Only so many patients can be seen in the course of the day. With a dentist patient ratio of 1:2200, and given the number of patients we have in pain each day, the 40 week Dashboard goal outlined in DAI Policy#:500. 40. 21 will not be able to be met." Cabagua cannot chew most of the food provided, because it makes the roof of his mouth swollen and painful.

CONCLUSION

Cabagua asks that court to please order the DOC to provide immediate dental care for Cabagua's serious dental needs, because he has few teeth left to lose.

RELIEF REQUESTED

WHEREFORE, Mr. Cabagua respectfully asks that this court enter a judgment granting him the following relief:

- 1. A declaration that the acts and omissions described herein violated Cabagua's rights under the United States Constitution and the Laws of the United States.
- 2. Nominal damages against each named defendant and each of them jointly and severally in the amount of \$95.000.
- 3. Compensatory damages for against each named defendant and each of them jointly and severally in the amount of \$95,000.

- 4. Punitive damages against each named defendant and each of them jointly and severally in the amount of \$95, 000.
 - 5. A Jury Trial on all issues triable by Jury.
 - 6. Plaintiff. Cabagua's costs in the suits.
 - 7. Any additional relief this Court deems just, and proper, and equitable.
 - 8. Request that all restitution and court costs be paid in full.

Dated at Oshkosh, Wisconsin, this 19 th day of November, 2024.

Respectfully submitted,

Mark Cabagua

Layman (Pro Se) Litigant

VERIFICATION

I have read the foregoing complaint and hereby *declare* that the matters alleged herein are true, except as matters alleged on information and belief, and as to those, I believe them to be true. I declare under penalty of perjury that the foregoing is true and correct.

Executed on this $\frac{19}{10}$ th day of November, 2024.

Respectfully submitted,

Mark Cabagua-Affiant

DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3042 (Rev. 11/2007)

DOC-3042 (Rev. 11/2007)	DENTAL EXA	MINATION A	ממע	RECOI	RD CH	ART		R
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DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3040A (Rev. 10/2009)

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EXHIBIT-B-1-2	25.2 ago 22 5. ,1

DENTAL CLASSIFICATION REPORT

	A. REPORTING SOURCE						
REPORTING SOURCE	1. Name of Institution						
SOURCE	07-DCI						
	D. CARE DENTIFICATION SEX						
	B. CASE IDENTIFICATION Date of Birth						
CASE	2. 07 18 75						
IDENTIFICATION	1. Offender's Name						
	Last First Middle 4. DOC Number CABAGUA, Mark D.						
	CABAGUA, Mark D. 4 9 8 9 3 9						
REASON	C. REASON						
REASON	Entry / Intake Updated Dental Status Transfer to Minimum Center Release						
	D. CLASSIFICATION / TREATMENT NEEDS STATUS						
	Active dental treatment completed.						
	NO DENTAL CONSTRAINTS.						
	Routine or Chronic Dental Needs.						
•	No acute episode likely in the next 6 months. 20 OFFSITE DENTIST SERVICE REQUIRED.						
	20 OFFSITE DENTIST SERVICE REGUIRED.						
	Essential dental needs. Acute episode is likely within next 6 months.						
CLASSIFICATION	Only 1 or 2 treatments needed to change classification from 35 to either 10 or 20 35 OFFSITE DENTIST SERVICE REQUIRED.						
FOR PLACEMENT							
	Complicated dental needs - Extensive treatment to restore function is indicated or an acute episode is likely within the next 6 months.						
·	36 ONSITE DENTIST SERVIČE REQUIRED. NO JAILS OR NORTHERN CENTERS.						
	Dental Hold Status - Patient is undergoing special dental workup or treatment or						
	is in a healing phase of a dental condition which would be						
	40 significantly disrupted if transferred to another facility.						
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EXh, 6, 7-B-2

DENTAL RECORD

Page:

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EXTRACTION			_		-	
☐ DENTURES (false teeth) ☐ TEETH CLEANING	R:					
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SCD Filed 12/20/24 P Patient: CABAGUA, MARK D [498939]

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WISCONSIN

Department of Adult Institutions DOC-403 (Rev. 04/18) Administrative Code Chapter DOC 310

OFFICE OF SECRETARY DECISION COMPLAINT NUMBER OSCI-2023-2684 *** ICRS CONFIDENTIAL ***

To: CABAGUA, MARK D. - #498939

UNIT: _D-SI -- D007-_U

OSHKOSH CORRECTIONAL INSTITUTION

PO Box 3310

OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:

04/05/2023

Date Appeal Received:

04/05/2023

Subject of Complaint:

22 - Dental

Brief Summary:

Inadequate dental care

Person(s) Contacted:

Dr. Panos

OOS Decision:

:Affirmed

Decision Comments:

The following is the Secretary's decision on the Corrections Complaint Examiner's recommendation of 04/14/2023 in the above appeal: The attached Corrections Complaint Examiner's recommendation to DISMISS this appeal is not accepted as the decision of the Secretary. The decision is to AFFIRM this appeal.

Dr. Panos, the DAI Dental Director, has confirmed that the correct policy that applies here is 500.40.21 which lists the dashboard time frames for different dental events. In that policy, the wait time listed for Routine-Routine (R-R) - Asymptomatic dental care needs is 40 weeks. There is no wait list of up to 18 months.

Section V. B. states, "An inmate patient may be on any wait list for which a request has been received and may be on more than one list.

1. Example: If an inmate patient sends in an urgent request, and is already on the routine list, the inmate patient is placed on the urgent list but also remains on the routine list."

The complainant was placed on the routine list for restorative treatment on 12/16/2021. As noted, the waitlist time is 40 weeks.

The complainant was seen by Dr. Smith on 7/26/2022 and Dr. Smith recommended an extraction. The complainant refused treatment and signed the refusal. This was for dental pain, and the complainant was left on the routine wait list for fillings. Dr. Panos agreed that while the complainant was seen for pain on 7/26/2022, this encounter did not substitute for the requirement to see the complainant within 40 weeks of his initial request on 12/16/2021 for restorative treatment.

Print Date: April 24, 2023 se 2:24-cv-00022-SCD

WISCONSIN

Department of Adult Institutions DOC-403 (Rev. 04/18)

Administrative Code Chapter DOC 310

OFFICE OF SECRETARY DECISION **COMPLAINT NUMBER OSCI-2023-2684** * * * ICRS CONFIDENTIAL * * *

The complainant has not been seen timely for restorative treatment in

accordance with policy.

Decision Date:

04/24/2023

C. O'Donnell - Office of the Secretary

CC:

Distributed via email

Eplett, C gross, j

Filed Page 20124 Page 27 of 77

Document 46 Office of the Secretary

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-3392 (Rev. 12/2009)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

⇔ NOTIFY ANY FACILI™	Y STAFF IF YOUR DENTA	L NEED IS AN EMERGENCY ⇔
PRINT LAST NAME	PRINT FIRST NAME	DOC NUMBER
CARACIJA	MARK	448959
FACILITY NAME	HQUSING UNIT	TODAY'S DATE
OSCI	Q-Buikhings	1-3-16
COPAYMENT DISBURSEMENT REQUEST S AGREEMENT BY PATIENT: I understand the following:		The past was and
 I will not be denied care if I am unable to pay the By signing below, I am initiating a request for disb Failure to sign below will NOT prevent the copayn 	copayment. ursement of my funds for the copayment a nent from being withdrawn from my accoun	ntact) initiated by a patient when a copayment is required. It the time of the visit when a copayment is required. It following a visit when a copayment is required.
PATIENT SIGNATURE (Indicates request for disburse	ment of your funds to pay the \$7,50 copayme	nt at the time of the requested visit when a copayment is required.)
TO BE COMPLETED BY DENTAL SERVICE	UNIT (DSU) STAFF ONLY	
Charge Copayment: Yes No AUTHORIZED STAFF SIGNATURE		DATE OF SERVICE
DENTAL SERVICE REQUEST SECTION INSTRUCTIONS TO PATIENT: Be sure to include to Place all 4 pages of the completed form in the sick of	day's date on top of form. Check the approach	opriate box and explain your request on the lines provided.
☐ ANNUAL EXAM/X-RAYS ☐ DENTURES (False Teeth) ☐ INFORMATION ☐ DENTAL RE	ANING MEDICATION	ON (Tooth Pulled)
Diese provide a brief description below of	the services you desire so that DSI	can respond to your request appropriately.
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PATIENTS: DO NOT WRITE	BELOW THIS LINE - TO I	BE COMPLETED BY STAFF ONLY
RESPONSE	,	U WHEN DENTAL STAFF NOT ON-SITE
☐ Treated Today	Date seen in HS	
Urgent Appointment Made	Seen by (initials	
PEssential Walt List - Approx. Walt Time		en, if any:
☐ Routine Wait List - Approx. Wait Time	Copayment cha	rged by HSU: Yes No
☐ Denture Routine Wait List - Approx. Wait Tit	me	
☐ Teeth Cleaning Walt List - Approx. Walt Tim	JB	
Request Forwarded to:		
☐ Refer to MPAA for record review appointme	nt or for copies only. (Must be within 3	80 days of request.)
WRITTEN RESPONSE		
PRINT STAFF NAME	ALOY DATE OF D	SU RESPONSE
MIDDIMMAIS DOF		16
	DENTAL RECORD	*

-SCD Filed 12/20/24 Page 28 of 77 Patient: CABAGUA, MARK D [498939]

Document 46

Page: 5

DIAGNOSIS -	TREATMENT
F CABAGUA, Mark D. () 32 -09	DOC NUMBER
DOC # 498939 7/18/1975	
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Case 2.24 Xv-00022-550 10 X 16d 12/2	1240 Page 29 of 75 Odewhent 16
EXHIBIT F-2	1 CDX TIUI

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DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3392 (Rev. 12/2009)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

⇒ NOTIFY ANY FACILIT	Y STAFF IF YOUR DENT	AL NEED IS AN EMERC	GENCY ⇔			
PRINTLAST NAME	PRINT FIRST NAME	DOC NUMBER	9-1			
L'abaguer	Mark	49893	59			
PACILITY NAME	HOUSING UNIT	TODAY'S DATE	1/-			
OSCI	Q-Building	1-72-	19			
COPAYMENT DISBURSEMENT REQUEST'S AGREEMENT BY PATIENT: 1 understand the following: The Department of Corrections shall charge a cop i will not be denied care if I am unable to pay the o By signing below, I am initiating a request for disb Fallure to sign below will NOT prevent the copayment	rayment of \$7.50 for a visit (face to face copayment, ursement of my funds for the copaymen tent from being withdrawn from my acco	t at the time of the visit when a copay unt following a visit when a copayme	ment is required. nt is required.			
PATIENT SIGNATURE (Indicates request for disburse	ment of your funds to pay the \$7.50 copays	nent at the time of the requested visit w	hen a copayment is required.)			
TO BE COMPLETED BY DENTAL SERVICE	UNIT (DSU) STAFF ONLY					
Charge Copayment: Yes No AUTHORIZED STAFF SIGNATURE		DATE OF SERVICE				
AUTHORIZED STAFF SIGNATURE						
DENTAL SERVICE REQUEST SECTION	• • • • • • • • • • • • • • • • • • •	***	.,			
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Please provide a brief description below of	/ N		DATE NECEIVED.			
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FOLD THE BOTTOM OF THE FORM UP PATIENTS: DO NOT WRITE	TO THE DOTTED LINE SO THE	BE COMPLETED BY S	STAFF ONLY			
RESPONSE	TRIAGE BY	ISU WHEN DENTAL STAFF NO	T ON-SITE			
☐ Treated Today	Date seen in	HSU:	•			
☐ Urgent Appointment Made	Seen by (initial	als);	•			
Essential Wait List - Approx. Wait Time	Medications (jiven, if any:				
Routine Walt List - Approx. Walt Time	Copayment c	harged by HSU: Yes No				
☐ Denture Routine Wait List - Approx. Wait Tit	me					
☐ Teeth Cleaning Wait List - Approx. Wait Tim	θ					
☐ Request Forwarded to:						
Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)						
WRITTEN RESPONSE	•					
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PRINT STAFF NAME /	DATE OF	DSU RESPONSE				
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6/29/2020

Patient: CABAGUA, MARK (498939) age 31 of 77

Document 46

Page:

PATIENT NAME (La			DOC NUMBER
	CABAGUA,		
		3939 7/18/1975	
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DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3392 (Rev. 12/2009)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

ANOTIEY ANY FACILIT	TY STAFF IF YOUR DENTA	L NEED IS AN EME	RGENCY ←
PRINT LAST NAME	PRINT FIRST NAME	DOC NUMBER	
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COPAYMENT DISBURSEMENT REQUESTS AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a co. I will not be denied care if I am unable to pay the By signing below, I am initiating a request for dist Failure to sign below will NOT prevent the copays	payment of \$7.50 for a visit (face to face of copayment). Sursement of my funds for the copayment of my funds for the copayment of the copayment of the copayment form being withdrawn from my account from the copayment form being withdrawn from my account from the copayment form the	at the time of the visit when a co int following a visit when a copa	ppayment is required. yment is required,
PATIENT SIGNATURE (Indicates request for disburse	ment of your funds to pay the \$7.60 copaym	ent at the time of the requested vis	alt when a copayment is required.)
TO BE COMPLETED BY DENTAL SERVICE	UNIT (DSU) STAFF ONLY	•	
Charge Copayment: Yes No AUTHORIZED STAFF SIGNATURE		DATE OF SERVICE	
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DENTAL SERVICE REQUEST SECTION INSTRUCTIONS TO PATIENT: Be sure to include the		range makan mangan ang	and the lines arraighed
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☐ Refer to MPAA for record review appointm	nent or for copies only. (Must be within	n 30 days of request.)	
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DENTAL RECORD

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DÉPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-9392 (Rev. 12/2009)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

⇒ NOTIFY ANY FACILIT	TY STAFF IF YOUR DE	NTAL NEED	IS AN EME	RGENCY (>		
PRINT LAST NAME	PRINT FIRST NAME	1	DOC NUMBER			
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FACILITY NAME	HOUSING UNIT	1	TODAY'S DATE	4		
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COPAYMENT DISBURSEMENT REQUEST S AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a cop I will not be denied care if I am unable to pay the By signing below, I am initiating a request for disb Failure to sign below will NOT prevent the copayn	payment of \$7.50 for a visit (face to copayment.	ment at the time of	f the visit when a cop	payment is required.		
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		4.0.				
TO BE COMPLETED BY DENTAL SERVICE	UNIT (DSU) STAFF ONLY					
Charge Copayment: Yes No		DATEOF	SERVICE			
DENTAL SERVICE REQUEST SECTION INSTRUCTIONS TO PATIENT: Be sure to include to Place all 4 pages of the completed form in the sick of ANNUAL EXAM/X-RAYS DENTURES (False Teeth) INFORMATION DENTAL RE	EXT	RACTION (Tooth I	uis curt locu redoor.			
☐ OTHER: Please provide a brief description below of	the positions you deeled on the	at DSH can rest	nond to your real	est appropriately.		
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☐ Treated Today	1	n in HSU:	<u> </u>			
☐ Urgent Appointment Made	1	(initials):				
Essential Wait List - Approx. Wait Time		ons given, if any:		Ma		
☐ Routine Wait List - Approx. Wait Time		ent charged by H	ISU: ☐ Yes ☐ I	No		
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EXHIBIT- I

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DOC-3040 (Rev. 7/2012) DOC NUMBER CABAGUA, Mark D. 7/18/1975 498939 DOC# HTOOT TREATMENT NOTES SIGNATURE/STAMP NO. D Excavate D Pulp Cap: Direct I Indirect D CaOH Acid Etch D Bond D Resin D Alloy Surfaces D Excavate D Pulp Cap: Direct Indirect D CaOH D Acid Etch D Bond D Resin D Alloy Surfaces: D Excavate D Pulp Cap: Direct Indirect D CaOH D Acid Etch D Bond D Resin D Alloy Surfaces: TOOTH # TOOTH# ANESTHESIA:

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ml 3% Carbocaine PRESCRIPTIONS: _ml 0.5% Marc 1/20000 epi 🐧 ____ ml 4% Artic 1/100000 _____ DISPOSITION: Patient tolerated Procedure ➡Well 🗆 Fair 🗀 Poor ml 2% Lido 1/100000 epi 🔲 _ WARK DOMROIS D.D.

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 TOOTH # ANESTHESIA:

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DISTRIBUTION: Original - Dental Record, Examination Section

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions

DENTAL EXAMINATION

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TONGUE						☐ Mand ☐ Acrylic
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BUCCAL MUCCOSA ORAL HYGIENE	☐ Excellent	™ Good	☐ Fair	Poor	AGE	MaxMand
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Division of Adult Institutions DOC-3392 (Rev. 12/2009)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY > NOTIFY ANY PRINT FIRST NAME PRINT LAST NAME HOUSING UNIT OSCI COPAYMENT DISBURSEMENT REQUEST SECTION AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required. I will not be denied care if I am unable to pay the copayment. By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required. Fallure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required. PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.) TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY Charge Copayment: X Yes ☐ No DATE OF SERVICE AUTHORIZED STAFF SIGNATURE DENTAL SERVICE REQUEST SECTION INSTRUCTIONS TO RATIENT. Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received, EXTRACTION (Tooth Pulled) FILLING ☐ ANNUAL EXAM/X-RAYS ☐ MEDICATION TEETH CLEANING ☐ DENTURES (False Teeth) ... COPIES FROM DENTAL RECORD (List records below). DENTAL RECORD REVIEW ☐ INFORMATION OTHER: Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately. LINE SO THAT INFORMATION REMAINS CONFIDENTIA FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED COMPLETED BY TRIAGE BY HSU WHEN DENTAL RESPONSE Date seen in HSU: □ Treated Today Seen by (initials): ☐ Urgent Appointment Made Essential Walt List - Approx. Walt Time Medications given, if any: Copayment charged by HSU: Yes No Routine Wait List - Approx. Wait Time ☐ Denture Routine Wait List - Approx. Wait Time Teeth Cleaning Wait List - Approx. Wait Time Request Forwarded to: Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.) WRITTEN RESPONSE DATE OF DSU RESPONSE PRINT STAFF NAME DENTAL RECORD

Patient: CABAGUA, MARK D 14989391

EXHIBIT-OK

Division of Adult Institutions DOC-3392 (Rev. 12/2009)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

⇒ NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY € DOC NUMBER PRINT FIRST NAME PRINT LAST NAME 498939 TODAYS DATE 12-14-20 HOUSING UNIT OSCI COPAYMENT DISBURSEMENT REQUEST SECTION AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required. I will not be denied care if I am unable to pay the copayment. By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required. Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required. PATIENT SIGNATURE (indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a capayment is required.) TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY Charge Copayment: Yes No DATE OF SERVICE AUTHORIZED STAFF SIGNATURE DENTAL SERVICE REQUEST SECTION INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received. ■ EXTRACTION (Tooth Pulled) FILLING ☐ ANNUAL EXAM/X-RAYS MEDICATION DENTURES (False Teeth) ☐ TEETH CLEANING COPIES FROM DENTAL RECORD (List records below). ☐ DENTAL RECORD REVIEW ☐ INFORMATION OTHER: Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately. OLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS O BE COMPLETED BY TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITI RESPONSE Date seen in HSU: ☐ Treated Today Seen by (initials): _ Urgent Appointment Made Medications given, if any: Essential Walt List - Approx. Wait Time ___ Copayment charged by HSU: ☐ Yes ☐ No Routine Walt List - Approx. Walt Time _ Denture Routine Wait List - Approx. Wait Time ☐ Teeth Cleaning Wait List - Approx. Wait Time __ ☐ Request Forwarded to: Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.) WRITTEN RESPONSE DATE OF DSU RESPONSE PRINT STAFF NAME

DENTAL RECORD

EXHIBIT- IL-1

SCD Filed 12/20/24 Page 38 of 77 Patient: CABAGUA, MARK D [498939]

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DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3392 (Rev. 12/2009)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

⇒ NOTIFY ANY FACILI	TY STAFF IF YO	UR DENTAL NEE	D IS AN EMERGENCY ←
PRINT LAST NAME	PRINT FIRST NAME		DOC NUMBER
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COPAYMENT DISBURSEMENT REQUEST AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a co i will not be denied care if I am unable to pay the By signing below, I am initiating a request for dis Fallure to sign below will NOT prevent the copay	opayment of \$7.50 for a vise copayment.	the consyment at the time of	of the visit when a copayment is required.
PATIENT SIGNATURE (Indicates request for disburs	ement of your funds to pay	the \$7.50 copayment at the tim	ne of the requested visit when a copayment is required.)
>	•		
TO BE COMPLETED BY DENTAL SERVICE	UNIT (DSU) STAFF O	NLY	
Charge Copayment: ☐ Yes ☐ No			
AUTHORIZED STAFF SIGNATURE		DATE OF	SERVICE
OTHER:	CANING RECORD REVIEW	EXTRACTION (Tooth MEDICATION COPIES FROM DENT	Pulled) FAL RECORD (List records below).
Please provide a brief description below o	f the services you des	ire so that DSU can res	pond to your request appropriately. DATE RECEIVED:
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FOLD THE BOTTOM OF THE FORM U	E SELOW HEIS	INE SO THAT INFOR	MPLETED BY STAFF ONLY
RESPONSE	L BELOW THO	TRIAGE BY HSU WHEN	DENTAL STAFF NOT ON-SITE
☐ Treated Today		Date seen in HSU:	
☐ Urgent Appointment Made .	•	Seen by (initials):	
☐ Essential Wait List - Approx. Wait Time			
Routine Wait List - Approx. Wait Time	·	Copayment charged by I	HSU: Yes No
☐ Denture Routine Wait List - Approx. Wait	Time	•	
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Request Forwarded to:			
☐ Refer to MPAA for record review appointm	nent or for copies only.	(Must be within 30 days o	f request.)
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DENTAL RECORD

Patient: CABAGUA, MARK D [498939] age 39 01 77

Document 46

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DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-3392 (Rev. 12/2009)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

⇒ NOTIFY ANY FACILIT	Y STAFF IF YOU	JR DENTAL NEEL	DIS AN EMER	SENCY (=
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FACILITY NAME	HOUSING UNIT		3-15-2	<i>.</i>
OSCIT	Middl	l .	3-10-21	
COPAYMENT DISBURSEMENT REQUEST S AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a cop t will not be dealed care if I am unable to pay the	payment of \$7.50 for a visi	•		
ment and a second and initiating a required for dish	www.mani.of.mv/filinds.for	the copayment at the time o	of the visit when a copa	yment is required.
 Entities to sign below will NOT prevent the copay? 	nent from being withdrawi	from my account tollowing	S Algir Milell a cobality	alit is tedanoo.
PATIENT SIGNATURE (Indicates request for disburse	ment of your funds to pay t	e \$7,50 copayment at the tim	19 Of the requested visit (stratt a cohalterone to reduce
	•			•
TO BE COMPLETED BY DENTAL SERVICE	UNIT (DSU) STAFF O	ily		
Charge Copayment: Yes No				
AUTHORIZED STAFF SIGNATURE		DATE OF	SERVICE	ŀ
DENTAL SERVICE REQUEST SECTION	and the same of th	Markers of the said with the Authority of the co		The second of the second secon
the manufacture of the control of th	oday's date on top of form	Check the appropriate box	and explain your requ	est on the lines provided.
Place all 4 pages of the completed form in the sick of	all box. The DSU will sen	d a copy back to you indicate EXTRACTION (Tooth	ten i Santana Sanan La Lina La	as been received.
☐ ANNUAL EXAM/X-RAYS ☐ FILLING ☐ DENTURES (Faise Teeth) ☐ TEETH CLE	Eaning	TI MEDICATION		
☐ INFORMATION ☐ DENTAL RI	ECORD REVIEW	COPIES FROM DENT	TAL RECORD (List rec	ords below).
☐ OTHER: Please provide a brief description below of	the contraction des	re so that DSU can res	pond to your reque	st appropriately.
7 1 1	4	P. I would		DATE RECEIVED: DBE STAMPED BY DSU
My tooth Continues for	18	AC TO COCK		
to have It tixed ber	GCI IT GE	J LINACTY	y carry .	MAR I 6 2021
has to be extracted	<u> </u>	•		· W
FOLD THE BOTTOM OF THE FORM UP	TO THE DOTTED !	INE SO THAT INFOR	MATION REMAIN	IS CONFIDENTIAL
PATIENTS: DO NOT WRITE				OTALL OILE
RESPONSE		TRIAGE BY HSU WHEN	N DENTAL STAFF N	OT ON-SITE
☐ Treated Today		Date seen in HSU:		
Urgent Appointment Made		Seen by (initials):	-	
☐ Essential Wait List - Approx. Wait Time	215/2020-	Medications given, if any		
*X Routine Wait List - Approx. Wait Time		Copayment charged by	HSU: Yes N	0 .
☐ Denture Routine Walt List - Approx. Wait T				
☐ Teeth Cleaning Wait List - Approx. Wait Tir				
Request Forwarded to:			•	
TI Refer to MPAA for record review appointm	ent or for copies only. (Must be within 30 days o	of request.)	
WRITTEN RESPONSE	1 10 1	1	· h /.	. 0
WRITTEN RESPONSE WRITTEN RESPONSE PRINT STAFF NAME Or. Vac	1. Our to C	our we	are llere	no
PRINT STAFF NAME	, A	DATE OF DSU RESP	ONSE	
OF Vac	lut	3-16	5-4	
	~			

DENTAL RECORD

Division of Adult Institutions DOC-3392 (Rev. 12/2009)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

⇒ NOTIFY ANY FACILIT	Y STAFE IF YO	UR DENTAL NE	ED IS AN EMERG	SENCY &
PRINT LAST NAME	PRINT FIRST NAME		DOC NUMBER	71
CARAGUIA	MARK		4989	39
FACILITY NAME OSCIT	HOUSING UNIT	16	TODAY'S DATE	2/
COPAYMENT DISBURSEMENT REQUEST S AGREEMENT BY PATIENT: 1 understand the following: • The Department of Corrections shall charge a cop • I will not be denied care if I am unable to pay the cop • By signing below, I am Initiating a request for disb • Failure to sign below will NOT prevent the copayment	payment of \$7.50 for a viscopayment. ursement of my funds for the contract of my funds for the contract of th	the copayment at the ting from my account follow	ne of the visit when a copay ing a visit when a copayme	ment is required. nt is required.
PATIENT SIGNATURE (Indicates request for disburse	ment of your funds to pay	he \$7.50 copayment at the	a time of the requested visit w	hen a copayment is required.)
TO BE COMPLETED BY DENTAL SERVICE	UNIT (DSU) STAFF C	NLY		
Charge Copayment: Yes No		1 A 1		Line - Branch
AUTHORIZED STAFF SIGNATURE		DATE	OF SERVICE	
NSTRUCTIONS TO PATIENT: Be sure to include to Place all 4 pages of the completed form in the sick of ANNUAL EXAM/X-RAYS FILLING DENTURES (False Teeth) TEETH CLE INFORMATION DENTAL REDOTHER: Please provide a brief description below of	ANING ECORD REVIEW	☐ EXTRACTION (To	ENTAL RECORD (List reco	rds below).
My footh Continues the one next to It Can you please help want to lose an	to get TSV also me, bec	WORSE OF	oration REMAIN	SESTAMPED BY DOU APR 0 9 2021 APP SENFIDENTIAL.
PATIENTS: DO NOT WRITE	BELOW THIS		OMI FFIED DIS	STAFF ONLY OT ON:SITE
RESPONSE		Date seen in HSU: _	TEN DENTAL STAFFON	310000115
☐ Treated Today	,	Seen by (initials):		
☐ Urgent Appointment Made ☑ Essential Walt List - Approx. Wait Time	anal.	Medications given, if	anv.	
		A STATE OF THE PARTY OF THE PAR	by HSU: Yes No	- MAZ-20-100H-34-25-11 (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Routine Wait List - Approx. Wait Time		Copayment energes	, , , , , , , , , , , , , , , , , , , ,	
Denture Routine Wait List - Approx. Wait Ti		•		4
☐ Teeth Cleaning Wait List - Approx. Wait Tir	me	,		
Request Forwarded to: Refer to MPAA for record review appointments		Must be within 30 day	e of request \	
	ent of for copies only.	(MILIST DE WILTHEN 30 CA)	·	
We will do an	exam to e	val you	r death p	roblems.
PRINT STAFF NAME	11. 152	DATE OF DSU RE	SPONSE	
$ \mathcal{O}_{\mathcal{C}}$	Vachet	4-4-2	021	

DENTAL RECORD

-SCD Filed 12/20/24 Page 41
Patient: CABAGUA, MARK D [498939]

Patient: MARK D. CABAGUA

Birthdate: 07/18/1975

Provider: Phone: Office: Chart #: 498939

Date: 06/17/2021

SS#:

Progress Notes Continued

Date

Tooth

Surf

Proc

Description Prov

Stat

AP

O: Patient presented with no visible pain, infection, swelling, and fever. Absence of symptoms consistent with COVID-19. Temperature today: 98,6°F

Lymph Nodes: WNL Pharynx: WNL Tonsils: WNL Soft Palate: WNL Hard Palate: WNL Floor of mouth: WNL

Lips: WNL Skin: WNL TMJ: WNL Tonque: WNL Vestibules: WNL Buccal Muccosa: WNL Oral Hygiene: Good Calculus: None

Gingival Bleeding: Localized

Occlusion (Angle): I

A: Clinical and Radiographic Findings and Diagnosis and recommendation: tooth #3 MOB amalgam with recurrent caries cervical into the root tissue deemed non-restorable recommend extraction; tooth #11 large DLF caries prognosis is questionable recommend restoring tooth #11 ess/routine; tooth #12 MOLB broken tooth structure with large recurrent caries deemed non-restorable recommend extraction; tooth #31 with SSC with recurrent caries MO and Class V region deemed non-restorable recommend extraction.

Periodontal Condition: prognosis good

Diagnosis: Generalized Moderate (starting) Periodontal disease

AAP: I

Comments: Tb 2 xday

floss 1 xday

PSR: UR: 1 UA: 2 UL: 1

LR: 1 LA: 2 LL: 1

Prosthesis Evaluation:

Type: Maxillary: N/A Mandibular: N/A

Material: N/A

Age: Maxillary: N/A

Mandibular: N/A

Function: N/A Condition: N/A

POC-0074: No

Pathology Discussed with Patient: Yes

P: Presented treatment plan to patient and reviewed recommendations. Informed patient if he would like to receive dental treatment he is responsible to request treatment (cleaning and fillings) using DSR Form. Explained to the patient the partial policies and after all his fillings, extractions, and cleaning were completed he is able to request to be added to the partial waiting list. Before patient was seated in the dental chair the patient was given Hydrogen Peroxide oral rinse with instructions to swishing the solution all around the mouth. Tilt the head back and continue gargling for 30 to 60 seconds. Splt the solution out. Patient was added to the ess/routine waiting list with Dr. Vachet for tooth #11 DFL. Patient co pay was collected during today's emergency visit. Patient was added to the ess/ext waiting list with Dr. Kinziger for continuation of patient's treatment-extractions: tooth #3; #12; and #31.

Continued on Next Page

Patient: MARK D. CABAGUA

Birthdate: 07/18/1975

Provider: Phone: Office: Chart #: 498939

Date: 06/17/2021

SS#:

Progress Notes Continued

Date	Tooth	Surf	Proc	Prov	Description	Stat	AP
P: Am Core I Pulp of 4% Se anesti of the inform progni extrac interpi additio	nesia was g restoration led patient l osis is ques tion. Patien	rf. prim/p ude any +rest)Took :100k epi iven. RD broke off ne has a stionable t agreed	ermTooth: pins Tooth oth: 11 1.7 ml loc , matrix bo f- due to lin provisiona if tooth #1' with shape	11 Surface: 11 al maxillary nd and woo nited time a l (temp) res t becomes and shade	cture infiltration. Patient tolerated the pod wedge, amalgam bond, amalgate provisional restoration was place toration. Caries was very deep to symptomatic informed patient he was of new restorations. Good occlusing given. Informed patient if he workequest using DRS Form. Patient	d Glass Ionome the pulp tissue would need an ion and uld like to have	r;
S P	igned on Tu rovider: DR	iesday, <i>A</i> VACHET	pril 20, 20 - EUNICE	21 at 11:18 VACHET,	:13 DMD Clinic: OSCI		
patien seated swishi Spit th Resin CC: "N O: Pa consis A: Too P: Re- 4% Se anest Patier	1 11 1 11 1 11 1 itent present to change d in the dening the solution of three surfations, I have tient present with Coth #11 DFL is into the size was gent agreed we have a greed we have a g	es. Patier tal chair tion all ar out. Do n ces, ante en't had a ited with OVID-19 _ broken ::100k ep piven. RD itth shape	nt consente the patient round the r ot swallow eriorTooth: any pain or no visible p . Temperat restoration nteriorToo i 1.7 ml loo , acid etch and shade s given. In	DRVAC DRVAC DRVAC DRVAC RESTORA ed to have of was given mouth. Tilt to this product 11 Surface of the tooth a coain, infectificture today: th: 11 Surface at maxillary bonding a e of new reformed pati	after your fixed it". on, swelling, and fever. Absence o 98.6°F	instructions to instructions to a for ~45 second work done too of symptoms arocedure well a mposite shade a erproximal contental treating instructions.	fter A2. act.
P 04/27/202 Analg make Allerg Medic back	1 esics/Antibi sure patier ies: Ceftraix al conditior pain; atopic	VACHET lotics: pa lit has a rik kone; cep lis: Predia dermatit uesday. A	tient has prefills. chalexin; mabetes; hypis. April 27, 20	DRVA ain medicateloxicam perlipidemia	DMD Clinic: OSCI C Clinical Note tion already prescribed in cerner. (i; history of vertebral fracture; of di 7:30		
P 04/27/202 04/27/202	rovider: DR 1 1	VACHET	0002 0001 0001	DRTUR DRVAC	DMD Clinic: OSCI DSR Treatment Slip - ROU DSR Treatment Slip - ESS	C	

Patient: MARK D. CABAGUA

Birthdate: 07/18/1975

Provider: Phone: Office: Chart #: 498939

Date: 06/17/2021

SS#:

Progress Notes Continued

Date	Tooth	Surf	Proc	Prov	Description	Stat AP
04/27/2021			D9230	DRVAC	Analgesia	С
04/27/2021	11	DLF	D2332	DRVAC	Resin-three surfaces, anterior	С
04/27/2021	11	IDLF	15110	DRVAC	*Fractured th, needs restorati Clinical Note	CON
Medical	Alert:					
Medicat	ions:					
Allergies	s:	meloxio cefTRI/ cephale	4Xone			
Since La	ast Visit:		Alert: Nations: N	lo Change lo Change lo Change		
Pain Sc	ale Type:	Numer	ic Pain Sca	ale Pain L	evel: 4	
Descript signed of deccide	tion: consent fo d he didn	Pt called or all 3, b or want to	d to dental : out I discus:	for ext 3, 1; sed sinus p g weights a	2 and 31 as referred by Dr. Vachet. lost op precautions for #3 after seeir nd the tooth isn't bothering him as th	ng xray, and ne

Intraoral-periapical-1st film #3

Intraoral-periapical-each add'l #31

Extract, erupted th, rem othTooth: 12

Extract, erupted th, rem othTooth: 31

Arrival Time: 7:45 am

ID confirmed by: Name and DOC number.

Form 3018A was reviewed with patient, signed and sent to Doc Center.

Assistant: Cindy K

Anesthetics:

1.00 carpule(s) of Lidocaine, 2% with Epinephrine 1:100,000 Rt mn block

2.00 carpule(s) of Articaine, 4% with Epinephrine 1:100,000 1 infiltrated bu/li to 12 and 31

Blood Pressure: 136/80

Surgical Notes: pre rinse.

NRC #12 routine forceps removal.

#31 has deep caries under mesial of SSC, routine forceps removal. gauze packs, POI

Post-Op Instruction: Verbal, Written and Gauze Given

Prescriptions: Prescription ordered in Cerner. Ibu 400, hold naproxen. Gets acetaminophen. No abx given as no evidence of infection noted, just deep caries.

Disposition: Patient tolerated procedure well.

Continued on Next Page

Patient: MARK D. CABAGUA

Birthdate: 07/18/1975

Chart #: 498939

Date: 06/17/2021

SS#:

Provider: Phone: Office:

Progress Notes

Date	Tooth	Surf	Proc	Prov	Description	Stat AP
pain	0 al Service R or broken fil d on routine	ling/tooth.			JR Clinical Note ng his teeth is deteriorating, do	es not mention any
S	Signed on To Provider: DR	uesday, D TURON -	ecember 1 Tobias Tu	5, 2020 at iron, DR	11:25:11 Clinic: OSCI	
rate.	al Service R	ase set n	ne an appo	d. Patient : intment as	AC Clinical Note said my tooth continues to determine soon as possible. Informed paraiting list.	riorate at an alarming tient he is already on
S	Signed on Trovider: DF	uesday, J VACHET	anuary 12, - EUNICE	2021 at 00 VACHET,	6:20:25 DMD Clinic: OSCI	
01/12/202 03/16/202 Dent conti	21 al Service R	equest fo	0007 rm receive formed pati	DRVA d. Patient	DSR Treatment Slip - INFORM AC Clinical Note wants to have a tooth fixed becauted on the filling list due to C	ause the tooth
S F	Signed on T Provider: DF	uesday, N RVACHET	farch 16, 2 - EUNICE	021 at 06: VACHET,	13:34 DMD Clinic: OSCI	
03/16/202 04/09/202 Dent	21 al Service R	equest fo	0007 rm receive	d. Patient	DSR Treatment Slip - INFORM Clinical Note wants to be seen because his to al list to examine the dental prol	eeth condition is
	Signed on F	riday, Apr	il 9, 2021 a	at 07:11:41		
perio cons CC:" Aller Medi	21 Atient preser Adontal exan ent to have My upper te	n, and rev today's de eth are fa xone; cep ns: Prem	iewed heal ental treatn lling apart" halexin; m	DRV/ ensive oral Ith history onent done. eloxicam	exam; 2 BW's and 2 PA's taker with patient no changes since la	ast visit. Patient
αιορι			n Next Pag	je		

Patient: MARK D. CABAGUA

Birthdate: 07/18/1975

Provider: Phone: Office:

Chart #: 498939

Date: 06/17/2021

SS#:

Progress Notes Continued

Date	Tooth	Surf	Proc	Prov	Description	Stat	AP
Si	igned on Tu	uesday, A	pril 13, 20	21 at 11:26	3:44		
P	rovider: DR	VACHET	- EUNICE	VACHET,	DMD Clinic: OSCI		
		. Tuesda	April 12	2021 at 12	2:08:24		
A	ppenaea or	LACHET	y, April 13,	MACHET	DMD Clinic: OSCI		
Check	ed Cerner	natient h	as Naproxe	en and ace	taminophen for pain. No additional pai	n med giver	at
this tir	ne	patient	ao mapion				
4/13/202			D0230	DRVAC	Intraoral-periapical-each add'	Ç	
4/13/202			D0150	DRVAC	Comp oral eval-new/estab pat	C	
4/13/202			D0220	DRVAC	Intraoral-periapical-1st film	C	
4/13/202			D0272		Bitewings-two films	C	
4/13/202			15101		Missing tooth	CON	
4/13/202	1 3	MOB	D2160		Amalgam-3 surf. prim/perm	EO	
4/13/202		MO	15105	DRVAC	Caries/decay	CON	
4/13/202	1 3		15111		Non-functional tooth	CON	
4/13/202		1000 600	15101		Missing tooth	CON	
4/13/202		DLF	15105	DRVAC	*Caries/decay	CON	
4/13/202			15111		Non-functional tooth	CON	
4/13/202		1401 B	15111	DRVAC	Non-functional tooth Deep dentinal/cemental caries	CON	
4/13/202		MOLB	15104	DRVAC	Amalgam-1 surf. prim/perm	EO	
4/13/202		0	D2140		Missing tooth	CON	
4/13/202			15101 15101		Missing tooth	CON	
4/13/202			15101	DRVAC	Missing tooth	CON	
4/13/202		0	D2140	DRVAC	Amalgam-1 surf. prim/perm	EO	
4/13/202		U	15101		Missing tooth	CON	
)4/13/202)4/13/202		OL	D2150	DRVAC	Amalgam-2 surf. prim/perm	EO	
4/13/202		OL.	15101	DRVAC	Missing tooth	CON	
4/13/202			D2931	DRVAC	Prefab stain steel crown-perm	EO	
4/13/202			15111	DRVAC	Non-functional tooth	CON	
4/13/202		MOB	15104		Deep dentinal/cemental caries	CON	
4/13/202			15101	DRVAC	Missing tooth	CON	
4/14/202				DHKL	_U Clinical Note		
	uesting fills	and hyg	-Added to	both lists.			
S	igned on W	/ednesda	y, April 14	, 2021 at 0	6:37:19		
P	rovider: DF	IKLUESS	- Michele	Kluess, KL	OH Clinic: OSCI		
4/4 4/000	4		0002	DUKLLI	DSR Treatment Slip - HYG	TP	
4/14/202			0003		AC Clinical Note		
04/20/202	il Hant proper	stad for a	POLITIME	PESTORA	ATIVE dental visit. Emerg treatment, pa	alliative.	
S. Pa	tient preser	history w	ith nationt	no change	s. Patient consented to have dental tre	eatment dor	ne
today	Doforo na	tiont was	casted in	the dental (chair the patient was given Hydrogen F	eroxide ora	ŧI .
ringo	with inetruc	tione to e	wiching th	e solution a	all around the mouth. Till the nead bac	k and contin	luc
nardi	ng for ~45	seconds.	Spit the so	olution out.	Do not swallow this product. Patient of	onsented to	
have	dental work	done to	dav.				
Amalo	gam-3 surf.	prim/per	mTooth: 1	1 Surface:	DLF		
Core	buildup, inc	lude any	pinsTooth	: 11			
Pulp	cap-direct,	(+rest)To	oth: 11	1			
CC: "	None"						
O: Pa	tient prese	nted with	no visible	pain, infect	tion, swelling, and fever. Absence of sy	mptoms	
consi	stent with C	COVID-19	. Tempera	ture today:	98.6°F		
	Co	ntinued o	n Next Pa	ne en			

Patient: MARK D. CABAGUA

Birthdate: 07/18/1975

Provider: Phone: Office: Chart #: 498939

Date: 06/17/2021 SS#:

Progress Notes Continued

Date	Tooth	Surf	Proc	Prov	Description	Stat	AP
Note: o	on HYG lis	t, may wa	ant partial(s	s) - someth	ing will need to be done with #3 to qualif	y, attempt	fill or
Dental	Classifica	tion: 20					
Next V	isit: Denta	I Service	Request				
Si	gned on W ovider: DF	/ednesda RKINZIGE	ay, April 28, ER - Steven	2021 at 0 R. Kinzig	9:17:16 er, DR Clinic: OSCI		
04/28/2021 04/28/2021			D0220 D0230	DRKIN DRKIN	Intraoral-periapical-1st film Intraoral-periapical-each add' Extract, erupted th, rem oth	000	
04/28/2021 04/28/2021			D7210 D7210	DRKIN DRKIN	Extract, erupted th, rem oth	č	

Chart

Patient: MARK D. CABAGUA

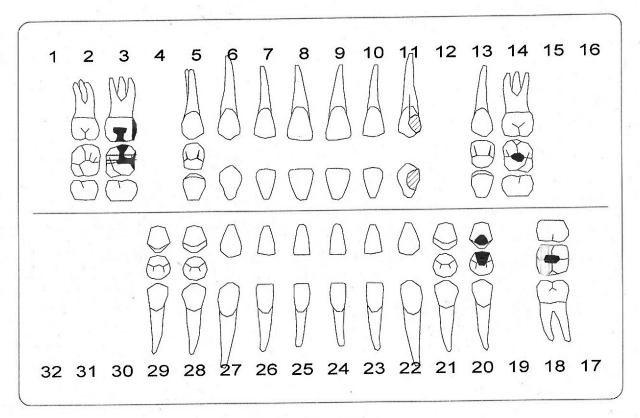
Birthdate: 07/18/1975

Chart #:498939

Date: 06/17/2021

SS#:

Provider: Phone: Office:



Treatment Plan Estimate

Tooth Description	Amount	Pat.	Dental Ins.
DSR Treatment Slip - ESS	0,00	0.00	0.00
DSR Treatment Slip - HYG	0.00	0.00	0.00
Treatment Plan Totals	0.00	0.00	0.00

^{*} Treatment Plans Are Estimates Only

Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇔ PRINT FIRST NAME DOC NUMBER PRINT LAST NAME TODAY'S DATE **FACILITY NAME** HOUSING UNIT THIDDLE 10-20-6 USCE COPAYMENT DISBURSEMENT REQUEST SECTION AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required. I will not be denied care if I am unable to pay the copayment. By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required. Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required. PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.) TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY Charge Copayment: Yes No AUTHORIZED STAFF SIGNATURE DATE OF SERVICE **DENTAL SERVICE REQUEST SECTION** INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received. ☐ EXTRACTION (Tooth Pulled) ☐ ANNUAL EXAM/X-RAYS ☐ FILLING ☐ TEETH CLEANING ☐ MEDICATION DENTURES (False Teeth) ☐ DENTAL RECORD REVIEW COPIES FROM DENTAL RECORD (List records below). ☐ INFORMATION OTHER: Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately. DATE RECEIVED: TO BE STAMPED BY DSU FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL. PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE RESPONSE Date seen in HSU: ☐ Treated Today Seen by (initials): Urgent Appointment Made Essential Wait List - Approx. Wait Time Medications given, if any: ___ Co-payment charged by HSU: Yes No Routine Wait List - Approx. Wait Time Denture Routine Wait List - Approx. Wait Time Teeth Cleaning Wait List - Approx. Wait Time Request Forwarded to: Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.) WRITTEN RESPONSE DATE OF DSU RESPONSE PRINT STAFF NAME 6/21/21 DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

Filed 12/20/24

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Document 46

Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

é NOTIFY ANY FACILI	TY STAFF IF YOUR DE	NTAL NEED IS AN EMERGENCY ⇔
PRINT LAST NAME	PRINT FIRST NAME	DOC NUMBER
CABACXIA	MARK	498939
FACILITY NAME	HOUSING UNIT	TODAY'S DATE
OSCI	Lund	11-3-21
 I will not be denied care if I am unable to pay the By signing below, I am initiating a request for disk Failure to sign below will NOT prevent the copayr 	payment of \$7.50 for a visit (face to fa copayment. bursement of my funds for the copayn ment from being withdrawn from my a	face contact) initiated by a patient when a copayment is required. ment at the time of the visit when a copayment is required. account following a visit when a copayment is required. p-payment at the time of the requested visit when a copayment is required.)
TO BE COMPLETED BY DENTAL SERVICE Charge Copayment: Yes No	UNIT (DSU) STAFF ONLY	
Charge Copayment: Yes No AUTHORIZED STAFF SIGNATURE		DATE OF SERVICE
Place all 4 pages of the completed form in the sick of ANNUAL EXAM/X-RAYS FILLING DENTURES (False Teeth) TEETH CLE INFORMATION DENTAL RE OTHER:	eall box. The DSU will send a copy bath in the DSU will send a copy bath in EANING MEDIECORD REVIEW COPI	e appropriate box and explain your request on the lines provided. back to you indicating that your request has been received. RACTION (Tooth Pulled) DICATION PIES FROM DENTAL RECORD (List records below). at DSU can respond to your request appropriately.
I had my teeth Cleane stated that I need a Can you please set me of filled as soon as possible	filling on my f up an appointment	to lose my fant touth. Than Kr
		THAT INFORMATION REMAINS CONFIDENTIAL. TO BE COMPLETED BY STAFF ONLY
RESPONSE		BY HSU WHEN DENTAL STAFF NOT ON-SITE
☐ Treated Today	Contract of the Contract of th	n in HSU:
☐ Urgent Appointment Made	Seen by (i	(initials):
Essential Wait List - Approx. Wait Time	Medication	ons given, if any:
Routine Wait List - Approx. Wait Time	Co-payme	ent charged by HSU: Yes No
☐ Denture Routine Wait List - Approx. Wait Ti		
Teeth Cleaning Wait List - Approx. Wait Tin	ne <u>401 2012</u>	
Request Forwarded to:	V	
Refer to MPAA for record review appointment	ent or for copies only. (Must be w	vithin 30 days of request.)
WRITTEN RESPONSE		
-A/-RALLING		
PRINT STAFF NAME	DATE	F OF DSU RESPONSE
DISTRIBUTION: Original – Dentrix, Official Record	(1/2 sheet) – Business Office File: Co	Copy - Patient (1/2 pg. before/full pg. after appt.)
Case 2:24-cv-00022	-SCD Filed 12/20/24	Page 50 of 77 Document 46
EXHIBIT - Case, 2:24-cy-00022	. How LETEUILA	. ago co ci i i bodamont 40

Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

Adm. Code Ch. DOC 316

6 NOTIFY ANY FACILIE	TY STAFF IF YOUR	DENTAL NEED) IS AN EMERGENCY ⇔
PRINT LAST NAME	PRINT FIRST NAME		DOC NUMBER
MARAGUA	MARK		498939
FACILITY NAME	HOUSING UNIT		TODAY'S DATE
0567			12-15-21
COPAYMENT DISBURSEMENT REQUEST S	SECTION		
AGREEMENT BY PATIENT:			
I understand the following:The Department of Corrections shall charge a co.	payment of \$7.50 for a visit (fa	ce to face contact) initia	ted by a patient when a copayment is required.
 I will not be denied care if I am unable to pay the By signing below, I am initiating a request for dist 	copayment.		
 Failure to sign below will NOT prevent the copay. 	ment from being withdrawn from	n my account following	a visit when a copayment is required.
PATIENT SIGNATURE (Indicates request for disburse	ement of your funds to pay the \$7	7.50 co-payment at the tin	ne of the requested visit when a copayment is required.)
TO BE COMPLETED BY DENTAL SERVICE	UNIT (DSU) STAFF ONLY		
Charge Copayment: Yes No		DATE OF	SEDVICE
AUTHORIZED STAFF SIGNATURE		DATE OF	SERVICE
DENTAL SERVICE REQUEST SECTION			
INSTRUCTIONS TO PATIENT: Be sure to include the Place all 4 pages of the completed form in the sick of	oday's date on top of form. Che call box. The DSU will send a	eck the appropriate box copy back to you indicat	and explain your request on the lines provided. ing that your request has been received.
☐ ANNUAL EXAM/X-RAYS ☐ FILLING ☐ DENTURES (False Teeth) ☐ TEETH CLI		EXTRACTION (Tooth MEDICATION	Pulled)
☐ INFORMATION ☐ DENTAL R			AL RECORD (List records below).
OTHER: Please provide a brief description below of	the services you desire	o that DSU can resi	pond to your request appropriately.
Trease provide a brief description below of	and the bus	inist state	DATE RECEIVED: TO BE STAMPED BY DSU
non e had my feet hell	Kad and the	t It reactor	d to be
Hed as soon as Dossible.	Can you nlease	sot me and	inpointment.
good as presible. I don't k	vant It to got	Interfed a	nd has to be semared
FOLD THE BOTTOM OF THE FORM UP	TO THE DOTTED LINE		
			MPLETED BY STAFF ONLY I DENTAL STAFF NOT ON-SITE
RESPONSE Treated Today	CONTRACT CON		DENTAL OTAL THE ON SILE
Urgent Appointment Made		n by (initials):	
☐ Essential Wait List - Approx. Wait Time	Med	dications given, if any	
Routine Wait List - Approx. Wait Time		payment charged by	HSU: Yes No
Denture Routine Wait List - Approx. Wait T	ime		1.
☐ Teeth Cleaning Wait List - Approx. Wait Ti	me		
Request Forwarded to:			
Refer to MPAA for record review appointment	ent or for copies only. (Mus	st be within 30 days o	f request.)
WRITTEN RESPONSE			
DRIVE OT SELVENCE		DATE OF DSU RESPO	ONSE
PRINT STAFF NAME	28	DATE OF DOURESPO	13-16-21
DISTRIBUTION: Original – Dentrix, Official Record	I (1/2 sheet) – Business Office	File; Copy – Patient (1/2	2 pg. before/full pg. after appt.)
EXHIBI Gase 2)243cv-00022	2-SCD Filed 12/20		
EXHIBT 1-1V-3			

Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

Adm. Code Ch. DOC 316

é NOTIFY ANY FACILI	TY STAFF IF YO	OUR DENTA	L NEED IS A	N EMERGENCY ←
PRINT LAST NAME	PRINT FIRST NAME			UMBER
CARAGUA	MARK		49	19939
FACILITY NAME	HOUSING UNIT		TODAY	"S DATE
OSCI	D		1-1	4-22
COPAYMENT DISBURSEMENT REQUEST S	ECTION			
AGREEMENT BY PATIENT:	COTION			
I understand the following:The Department of Corrections shall charge a cop	payment of \$7.50 for a v	isit (face to face co	ontact) initiated by a r	patient when a copayment is required.
I will not be denied care if I am unable to pay the	copayment.			
 By signing below, I am initiating a request for dist Failure to sign below will NOT prevent the copayr 				
PATIENT SIGNATURE (Indicates request for disburse	ement of your funds to pay	the \$7.50 co-paym	ent at the time of the re	equested visit when a copayment is required.)
TO BE COMPLETED BY DENTAL SERVICE	LINIT (DSU) STAFF (ONLY		
Charge Copayment: Yes No	O			
AUTHORIZED STAFF SIGNATURE			DATE OF SERVICE	
DENTAL SERVICE REQUEST SECTION				
INSTRUCTIONS TO PATIENT: Be sure to include to	oday's date on top of for	m. Check the appr	opriate box and expla	ain your request on the lines provided.
Place all 4 pages of the completed form in the sick of ANNUAL EXAM/X-RAYS ☐ FILLING	all box. The DSU will se		o you indicating that you ION (Tooth Pulled)	our request has been received.
☐ DENTURES (False Teeth) ☐ TEETH CLE		☐ MEDICATI	ON	
☐ INFORMATION ☐ DENTAL RE☐ OTHER:	ECORD REVIEW	☐ COPIES FI	ROM DENTAL RECC	ORD (List records below).
Please provide a brief description below of	the services you de	sire so that DS	U can respond to	
My fort footh Continu	ies to se	1. 60015	e Cont	DATE RECEIVED: TO BE STAMPED BY DSU
get It fixed as sun a	spossible.	I don	turnt T	E Bul
to get Infected and b	ave to b	e extrac	tell.	1
PATIENTS: DO NOT WRITE				
RESPONSE	BELOW THIS			L STAFF NOT ON-SITE
☐ Treated Today	1/j/	The second second second	SU:	
☐ Urgent Appointment Made		Seen by (initial	s):	
☐ Essential Wait List - Approx. Wait Time		Medications give	ven, if any:	
Routine Wait List - Approx. Wait Time		Co-payment ch	narged by HSU:	Yes No
☐ Denture Routine Wait List - Approx. Wait Ti	me		7	
☐ Teeth Cleaning Wait List - Approx. Wait Tin	ne			
Request Forwarded to:				
☐ Refer to MPAA for record review appointment	ent or for copies only.	(Must be within	30 days of request	.)
WRITTEN RESPONSE	12/1	1/01		
	of 12/1			
PRINT STAFF NAME		DATE OF D	SU RESPONSE	.55
DISTRIBUTION: Original - Dentrix, Official Record	(1/2 sheet) – Business (Office File: Copy –		
- Case 2:24-cv-00022			age 52 of 77	Document 46
EXHIBIT-1-9-9				

Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

A NOTIEY ANY EACH IT	V STAFE IF VOLID DEN	ITAL NEED IS AN EMERGENCY ←		
PRINT LAST NAME	PRINT FIRST NAME	DOC NUMBER		
MABAGUA HATE	MARK.	498939		
FACILITY NAME	HOUSING UNIT	TODAY'S DATE		
_ 056_		2-2		
COPAYMENT DISBURSEMENT REQUEST SE	ECTION			
I understand the following:				
 The Department of Corrections shall charge a copa I will not be denied care if I am unable to pay the companies. 	ayment of \$7.50 for a visit (face to face	ce contact) initiated by a patient when a copayment is required.		
 By signing below, I am initiating a request for disbu 	ursement of my funds for the copaym	ent at the time of the visit when a copayment is required.		
Failure to sign below will NOT prevent the copaym	ent from being withdrawn from my ac	count following a visit when a copayment is required.		
PATIENT SIGNATURE (Indicates request for disbursen	nent of your funds to pay the \$7.50 co-p	payment at the time of the requested visit when a copayment is required.)		
TO BE COMPLETED BY DENTAL SERVICE U	INIT (DSU) STAFF ONLY			
Charge Copayment: Yes No				
AUTHORIZED STAFF SIGNATURE		DATE OF SERVICE		
DENTAL SERVICE REQUEST SECTION				
INSTRUCTIONS TO PATIENT: Be sure to include too	day's date on top of form. Check the	appropriate box and explain your request on the lines provided. ok to you indicating that your request has been received.		
☐ ANNUAL EXAM/X-RAYS ☐ FILLING		ACTION (Tooth Pulled)		
☐ DENTURES (False Teeth) ☐ TEETH CLEA		CATION S FROM DENTAL RECORD (List records below).		
OTHER:	JONE NEVIEW GOFIE	3 FROM DENTAL RECORD (LIST records below).		
Please provide a brief description below of the	he services you desire so that	DSU can respond to your request appropriately. DATE RECEIVED:		
MY front froth Cons	finues to ge	TO BE STAMPED BY DSU		
I would like to ge	of The tilled	before.		
It gets bourse an	d has to k	e extended.		
		7		
		HAT INFORMATION REMAINS CONFIDENTIAL: O BE COMPLETED BY STAFF ONLY		
RESPONSE		Y HSU WHEN DENTAL STAFF NOT ON-SITE		
☐ Treated Today		n HSU:		
☐ Urgent Appointment Made	Seen by (in	itials):		
Essential Wait List - Approx. Wait Time	Medications	s given, if any:		
Routine Wait List - Approx. Wait Time	Listas of Co-paymen	t charged by HSU: Yes No		
Denture Routine Wait List - Approx. Wait Tim	ne 13-16-216			
Teeth Cleaning Wait List - Approx. Wait Time				
Request Forwarded to:				
Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)				
WRITTEN RESPONSE filling le	est	123/22		
PRINT STAFF NAME AND S	DATE C	F DSU RESPONSE		
DISTRIBUTION: Original - Dentrix, Official Record (1)		y – Patient (1/2 pg. before/full pg. after appt.)		
EXHIBIT 9-5 2:24-5 00022-	-SCD Filed 12/20/24	Page 53 of 77 Document 46		

Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

é NOTIFY ANY FACILI	TY STAFF IF YO	UR DENTAL NEE	D IS AN EMERGENCY ←	
PRINT LAST NAME	PRINT FIRST NAME		DOC NUMBER	
CARAGUA	MARK		4989.39	
FACILITY NAME	HOUSING UNIT		TODAY'S DATE	
0561	1		3-28-22	
CODAVIAGAT DISPUTDE MEAT DECLIFOR O	TOTION .			
COPAYMENT DISBURSEMENT REQUEST S AGREEMENT BY PATIENT:	ECTION			
I understand the following:	*****	The same parties of the same of		
 The Department of Corrections shall charge a cop I will not be denied care if I am unable to pay the 	payment of \$7.50 for a vi copayment.	sit (face to face contact) initia	ted by a patient when a copayment is required.	
 By signing below, I am initiating a request for disb 	ursement of my funds fo	r the copayment at the time of	of the visit when a copayment is required.	
Failure to sign below will NOT prevent the copayn PATIENT SIGNATURE (Indicates request for disburse				
ATIENT SIGNATURE (malicales request for dispulse	ment or your turids to pay	the \$7.50 co-payment at the tin	ne of the requested visit when a copayment is required.)	
TO BE COMPLETED BY DENTAL SERVICE	UNIT (DSU) STAFF C	NLY		
Charge Copayment: Yes No AUTHORIZED STAFF SIGNATURE		DATE OF	0550005	
AOTHORIZED STAFF SIGNATURE		DATE OF	SERVICE	
DENTAL SERVICE REQUEST SECTION				
INSTRUCTIONS TO PATIENT: Be sure to include to Place all 4 pages of the completed form in the sick of	day's date on top of form	. Check the appropriate box	and explain your request on the lines provided.	
☐ ANNUAL EXAM/X-RAYS ☐ FILLING	all box. The D30 will se	EXTRACTION (Tooth		
☐ DENTURES (False Teeth) ☐ TEETH CLE		MEDICATION		
☐ INFORMATION ☐ DENTAL RE☐ OTHER:	CORD REVIEW	☐ COPIES FROM DENT	AL RECORD (List records below).	
Please provide a brief description below of	the services you des	ire so that DSU can resp	ond to your request appropriately.	
My fact tarth Continu	us to get	worse and-	DATE RECEIVED: TO BE STAMPED BY DSU	
after teeth that need	Filips aco	Starting	to head	
Can you stease Ept me:	In as son	as mas He	E 0004	
Dead to loss anim	a tools	Male		
FOLD THE BOTTOM OF THE FORM UP	TO THE DOTTED I	INE SO THAT INFOR	MATION REMAINS CONFIDENTIAL.	
PATIENTS: DO NOT WRITE	BELOW THIS I	INE - TO BE CO	MPLETED BY STAFF ONLY	
RESPONSE			DENTAL STAFF NOT ON-SITE	
☐ Treated Today		Date seen in HSU:		
Urgent Appointment Made	- 14	Seen by (initials):		
☐ Essential Wait List - Approx. Wait Time		Medications given, if any:		
Routine Wait List - Approx. Wait Time		Co-payment charged by I	ISU: Yes No	
☐ Denture Routine Wait List - Approx. Wait Tir				
Teeth Cleaning Wait List - Approx. Wait Time				
Request Forwarded to:				
Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)				
WRITTEN RESPONSE	1 We gres	host Staffer		
PRINT STAFF NAME		DATE OF DSU RESPO	NSE 3-28-22	
DISTRIBUTION: Original – Dentrix, Official Record (
EXHIBIT - N-6	S-SCD Filed 12	2/20/24 Page 54 (of 77 Document 46	

Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

é NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ⇔ PRINT LAST NAME PRINT FIRST NAME DOC NUMBER **FACILITY NAME** HOUSING UNIT TODAY'S DATE COPAYMENT DISBURSEMENT REQUEST SECTION AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required. I will not be denied care if I am unable to pay the copayment. By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required. Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required. PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.) TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY Charge Copayment: Yes No AUTHORIZED STAFF SIGNATURE DATE OF SERVICE DENTAL SERVICE REQUEST SECTION INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received. FILLING ☐ ANNUAL EXAM/X-RAYS ☐ EXTRACTION (Tooth Pulled) □ DENTURES (False Teeth) ☐ TEETH CLEANING ☐ MEDICATION ☐ INFORMATION ☐ DENTAL RECORD REVIEW COPIES FROM DENTAL RECORD (List records below). OTHER: Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately. DATE RECEIVED: TO BE STAMPED BY DSU FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL. WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY RESPONSE TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE ☐ Treated Today Date seen in HSU: Urgent Appointment Made Seen by (initials): ☐ Essential Wait List - Approx. Wait Time Medications given, if any: ___ Routine Wait List - Approx. Wait Time Co-payment charged by HSU: Yes No ☐ Denture Routine Wait List - Approx. Wait Time Teeth Cleaning Wait List - Approx. Wait Time Request Forwarded to: Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.) WRITTEN RESPONSE PRINT STAFF NAME DATE OF DSU RESPONSE DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

Filed 12/20/24

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e 2,24-cv-00022-SCD

Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

é NOTIFY ANY FACILI	TY STAFF IF YOU	JR DENTAL NEEL	D IS AN EMERGENCY ←	
PRINT LAST NAME	PRINT FIRST NAME		DOC NUMBER	
Catama	MARK		498939	
FACILITY NAME	HOUSING UNIT		TODAY'S DATE	
OSCE			夏7-18-22	
COPAYMENT DISBURSEMENT REQUEST S	ECTION			
AGREEMENT BY PATIENT:				
I understand the following:The Department of Corrections shall charge a cop	payment of \$7.50 for a visit	(face to face contact) initial	ted by a patient when a copayment is required.	
 I will not be denied care if I am unable to pay the o By signing below, I am initiating a request for disb 		he congrument at the time o	f the visit when a consument is required	
Failure to sign below will NOT prevent the copayn				
PATIENT SIGNATURE (Indicates request for disburse	ment of your funds to pay the	\$7.50 co-payment at the time	ne of the requested visit when a copayment is required.)	
TO BE COMPLETED BY DENTAL SERVICE	UNIT (DSU) STAFF ON	LY		
Charge Copayment: Yes No		D. 175 O.S.	055) 405	
AUTHORIZED STAFF SIGNATURE		DATE OF	SERVICE	
DENTAL SERVICE REQUEST SECTION				
INSTRUCTIONS TO PATIENT: Be sure to include to Place all 4 pages of the completed form in the sick of	day's date on top of form. all box. The DSU will send	Check the appropriate box a copy back to you indicati	and explain your request on the lines provided. ing that your request has been received.	
☐ ANNUAL EXAM/X-RAYS ☐ FILLING ☐ DENTURES (False Teeth) ☐ TEETH CLE	ANUNC	EXTRACTION (Tooth I	Pulled)	
☐ INFORMATION ☐ DENTAL RE	CORD REVIEW	☐ MEDICATION ☐ COPIES FROM DENTA	AL RECORD (List records below).	
Dlogge provide a brief description below of	the continue you dool	a an that DCU and you		
Please provide a brief description below of	the services you desir	e so that DSO can resp	DATE RECEIVED:	
Consideration of the state of the	ed to be	+ THEOR CHE	TO BE STAMPED BY DSU	
Salara Me Secreta	tain.	Salagou P	ecs of the second	
266 105 00 3000	000	The	L- NO	
FOLD THE BOTTOM OF THE FORM UP	TO THE DOTTED LII	NE SO THAT INFOR	MATION REMAINS CONFIDENTIAL.	
PATIENTS: DO NOT WRITE				
RESPONSE Treated Today		ate seen in HSU:	DENTAL STAFF NOT ON-SITE	
Litrant Appointment Made		een by (initials):		
Essential Wait List - Approx. Wait Time Routine Wait List - Approx. Wait Time	aval M	edications given, if any:		
Routine Wait List - Approx. Wait Time	Pain.	o-payment charged by H		
☐ Denture Routine Wait List - Approx. Wait Tir	me			
☐ Teeth Cleaning Wait List - Approx. Wait Tim	e	Nomore	srs are Needed Thank you	
Request Forwarded to:			11111111 909	
Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)				
WRITTEN RESPONSE	1 01 1	1-1	1 15 11 - 12 1	
He are Short Stall of	· flaced o	n los as of	12-16-2021	
PRINT STAPF NAME		DATE OF DSU RESPO	NSE	
DISTRIBUTION: Original – Dentrix, Official Record (1/2 sheet) – Business Offic	e File; Copv Patient (1/2	pg, before/full pg, after appt.)	
EXHTB TT- V-09022				
EXHTISET-NO		La L		

Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

é NOTIFY ANY FACILIT	Y STAFF IF YOUR DEN	ITAL NEED IS AN EMERGENCY ←		
PRINT LAST NAME	PRINT FIRST NAME	DOC NUMBER		
CABAGIA	WARK	498939		
FACILITY NAME	HOUSING UNIT	TODAY'S DATE		
O Candonaus records		2.13.25		
COPAYMENT DISBURSEMENT REQUEST S	ECTION			
AGREEMENT BY PATIENT:				
I understand the following:The Department of Corrections shall charge a cop	ayment of \$7.50 for a visit (face to face)	ce contact) initiated by a patient when a copayment is required.		
I will not be denied care if I am unable to pay the c Ry signing below. I am initiating a request for dish		ent at the time of the visit when a copayment is required.		
		count following a visit when a copayment is required.		
PATIENT SIGNATURE (Indicates request for disburser	nent of your funds to pay the \$7.50 co-p	payment at the time of the requested visit when a copayment is required.)		
TO BE COMPLETED BY DENTAL SERVICE U	JNIT (DSU) STAFF ONLY			
Charge Copayment: Yes No		DATE OF OFFICE		
AUTHORIZED STAFF SIGNATURE		DATE OF SERVICE		
•				
DENTAL SERVICE REQUEST SECTION				
		appropriate box and explain your request on the lines provided. ck to you indicating that your request has been received.		
☐ ANNUAL EXAM/X-RAYS ☐ FILLING		ACTION (Tooth Pulled)		
□ DENTURES (False Teeth) □ TEETH CLE/ □ INFORMATION □ DENTAL RE		SATION ES FROM DENTAL RECORD (List records below).		
OTHER:				
Please provide a brief description below of t	ne services you desire so that	DSU can respond to your request appropriately. DATE RECEIVED:		
tol been waiting part	-ently for oder	TO BE STAMPED BY DSU		
hall been teeth tilled. I	hadl filed DSK	reguests and more fleeth.		
took been Egypted, I've	arready pad to	so bold & della sella la la la contra		
FOLD THE BOTTOM OF THE FORM UP	TO THE DOTTED LINE SO T	HAT INFORMATION REMAINS CONFIDENTIAL.		
		TO BE COMPLETED BY STAFF ONLY		
RESPONSE	No. of Contract of	Y HSU WHEN DENTAL STAFF NOT ON-SITE		
☐ Treated Today		in HSU:		
Urgent Appointment Made	Seen by (in			
Essential Wait List - Approx. Wait Time Routine Wait List - Approx. Wait Time	- 1 - 2	s given, if any:		
Denture Routine Wait List - Approx. Wait Time		nt charged by HSU: Yes No		
Teeth Cleaning Wait List - Approx. Wait Time				
Request Forwarded to:				
Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)				
WRITTEN RESPONSE				
We are Short Sta	The			
PRINT STAFF NAME AND	DATE C	DF DSU RESPONSE		
DISTRIBUTION OF THE PARTY OF TH	Allocked) During Off Till C	2-14-23		
DISTRIBUTION: Original – Dentrix, Official Record (** Case 2:24-ov-09022-		Page 57 of 77 Document 46		
EXHIBIT-N-9	100 22/20/27	2000		

of CORRECTIONS Adult Institutions -3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

PRINT LAST NAME	TI STAFF IF YOUR D	ENIAL NEED IS AN ELLER
	PRINT FIRST NAME	ENTAL NEED IS AN EMERGENCY CONTROL DOC NUMBER
FACILITY NAME	MARK	DOC NOMBER
PACILITY NAME	HOUSING UNIT	198939
	D	TODAY'S DATE
COPAYMENT DISPUSSES		4-26-23
COPAYMENT DISBURSEMENT REQUESTS AGREEMENT BY PATIENT:	SECTION	
understand the following:		
I he Department of Corrections shall charge a col Will not be depicted associated.	payment of \$7.50 for a visit (face to f	ace contact) initiated by a patient when a copayment is required.
By signing below, I am initiating a request for dist	copayment.	ace contact) initiated by a patient when a copayment is required.
Failure to sign below will NOT prevent the	raisement of my funds for the copayr	ment at the time of the state.
PATIENT SIGNATURE (Indicates request for disburser	ment of your funds to pay the #7.50	ment at the time of the visit when a copayment is required. account following a visit when a copayment is required. payment at the time of the requested visit when a copayment is requi
	to pay the \$7.50 co-	payment at the time of the requested visit when a copayment is requi
TO DE COMPLETE		P-3/mont is requi
TO BE COMPLETED BY DENTAL SERVICE L	JNIT (DSU) STAFF ONLY	
Charge Copayment: Yes No AUTHORIZED STAFF SIGNATURE		
STATE GIGNATURE		DATE OF SERVICE
		OF SERVICE
DENTAL SERVICE REQUEST SECTION	COORDINATE STATE OF THE PARTY O	
NS I RUCTIONIC TO DATE:		appropriate box and explain your request on the lines provided. k to you indicating that your request has been received.
Place all 4 pages of the completed form in the sick call	ay's date on top of form. Check the a	appropriate box and explain your request on the lines provided. k to you indicating that your request has been received. CTION (Tooth Pulled)
ANNUAL EXAM/X-RAYS DELLING	box. The DSU will send a copy bac.	k to you indicating that your request on the lines provided.
J DENTURES (False Teeth)	LI EXTRA	CTION (Tooth Pulled)
J INFORMATION	LI MEDICA	ATION
		111011
		S FROM DENTAL BEARING
		S FROM DENTAL BEARING
		S FROM DENTAL BEAR
		DSU can respond to your request appropriately.
		S FROM DENTAL BEAR
		DSU can respond to your request appropriately.
lease provide a brief description below of the secretary been seen timely reatment in accord	e services you desire so that E	DSU can respond to your request appropriately. DATE RECEIVED: TO BE STAMPED BY DSU
lease provide a brief description below of the e off all of the Secretary been Seen timely reatment in accord DLD THE BOTTOM OF THE FORM UP TO	e services you desire so that Destroy	DSU can respond to your request appropriately. DATE RECEIVED: TO BE STAMPED BY DSU
lease provide a brief description below of the e off all of the Secretary been Seen timely reatment in accord DLD THE BOTTOM OF THE FORM UP TO	e services you desire so that Destroy	DSU can respond to your request appropriately. DATE RECEIVED: TO BE STAMPED BY DSU
lease provide a brief description below of the Lease provide a brief description below of the brief description below	e services you desire so that E	DSU can respond to your request appropriately. DATE RECEIVED: TO BE STAMPED BY DSU AT INFORMATION REMAINS CONFIDENTIAL.
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Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN Adm. Code Ch. DOC 316

é NOTIFY ANY FACILI		UK DENTAL		ENCY (=
PRINT LAST NAME	PRINT FIRST NAME		DOC NUMBER	
L'ARAGUA	Mark		498957	
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OSCI	1		5-5-2	3
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By signing below, I am initiating a request for disb		r the copayment at th	he time of the visit when a copaym	ent is required.
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PATIENT SIGNATURE (Indicates request for disburse	ment of your funds to pay	the \$7.50 co-payment	at the time of the requested visit who	en a copayment is required.)
TO BE COMPLETED BY DENTAL SERVICE	LINIT (DSU) STAFF (NI Y		
Charge Copayment: Yes No	5.11.1 (5.50) 6.17.11.1			
AUTHORIZED STAFF SIGNATURE		D.	ATE OF SERVICE	
DENTAL SERVICE REQUEST SECTION INSTRUCTIONS TO PATIENT: Be sure to include to	dovio doto on ton of fam	Charlette annual		
Place all 4 pages of the completed form in the sick ca	all box. The DSU will se	nd a copy back to yo	ou indicating that your request has t	peen received.
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☐ DENTURES (False Teeth) ☐ TEETH CLE ☐ INFORMATION ☐ DENTAL RE	CORD REVIEW	☐ MEDICATION ☐ COPIES FRO	M DENTAL RECORD (List records	s below).
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EXHT 3 Case 2:24-by-00022-SCD Filed 12/20/24 Page 59 of 77 Document 46				

Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

É NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ←				
PRINT LAST NAME	PRINT FIRST NAME		DOC NUMBER	
CARAGUA	MARK		498939	
FACILITY NAME	HOUSING UNIT		TODAY'S DATE	
OSCI	10		6-19-23	
COPAYMENT DISBURSEMENT REQUEST S	SECTION			
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Charge Copayment: Yes No	OMIT (DOO) STAIT	NIL I		
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DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

Adm. Code Ch. DOC 316

é NOTIFY ANY FACILIT	Y STAFF IF YOUR D	ENTAL NEED	IS AN EMERGENCY ←		
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OSCI	7)		7-10-23		
COPAYMENT DISBURSEMENT REQUEST S AGREEMENT BY PATIENT:	ECTION				
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TO BE COMPLETED BY DENTAL SERVICE	JNIT (DSU) STAFF ONLY	· ·			
Charge Copayment: Yes No					
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DENTAL SERVICE REQUEST SECTION					
INSTRUCTIONS TO PATIENT: Be sure to include to	day's date on top of form. Check	the appropriate box ar	nd explain your request on the lines	provided.	
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DISTRIBUTION: Original – Dentrix, Official Record					
EXHIBITE 2:24-CV-10022-	SCD Filed 12/20/24	Page 61 of	Document 40		

Division of Adult Institutions DOC-3392 (Rev. 12/2009)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

⇒ NOTIFY ANY FACILI	TY STAFF IF YO	UR DENTAL NEE	D IS AN EMERGENCY ⇔
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FACILITY NAME	HOUSING UNIT		TODAY'S DATE
OSCI	C/3		10-10-25
COPAYMENT DISBURSEMENT REQUESTS	SECTION		
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I will not be denied care if I am unable to pay the Purisping below I am initiating a request for dial		n the account at the time	of the visit when a comment is new in-
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TO BE COMPLETED BY DENTAL SERVICE	UNIT (DSU) STAFF (DNLY	
Charge Copayment: Yes No			
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DENTAL SERVICE REQUEST SECTION			
INSTRUCTIONS TO PATIENT: Be sure to include to	oday's date on top of for	n. Check the appropriate box	and explain your request on the lines provided.
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☐ DENTURES (False Teeth) ☐ TEETH CLE		MEDICATION	
☐ INFORMATION ☐ DENTAL RI ☐ OTHER:	ECORD REVIEW	COPIES FROM DEN	TAL RECORD (List records below).
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(WHANVI		/	0-11-73

Department of Adult Institutions DOC-401 (Rev. 04/18) WISCONSIN
Administrative Code
Chapter DOC 310

ICE REPORT COMPLAINT NUMBER OSCI-2023-2684 * * * ICRS CONFIDENTIAL * * *

To: CABAGUA, MARK D. - #498939

UNIT: _D-SI -- D007-_U

OSHKOSH CORRECTIONAL INSTITUTION

PO Box 3310

OSHKOSH, WI 54903-3310

Compla	aint l	nforr	nation:
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Date Complaint Acknowledged: 02/23/2023 Inmate Contacted? No

Date Complaint Received:

:02/23/2023

Subject of Complaint:

22 - Dental

Person(s) Contacted:

HSUM Ludwig

Document(s) Relied Upon:

Medical Record

Email

Brief Summary:

Inadequate dental care

Summary of Facts: •

Mark Cabagua complains about a violation of DAI Policy 500.40.21, which resulted in inadequate dental service and loss of several teeth. Mr. Cabagua further states that on 07/21/13 he filed a Dental Service Request (DSR), explaining that he needed several teeth filled, and on 07/22/13 he was seen Dr. Linneman, having one (1) tooth filled. He says that the other teeth did Inot get any attention, Mr. Cabagua states that the Dental Assistant told him that he would be put on the routine waitlist and that he waited patiently for thirty-two :(32) months but still never was called. He says that he had to fill out another DSR and was seen. Mr. Cabagua states that on 02/12/17 he submitted another DSR explaining that the teeth needed to be filled hurt and he would like to have them fixed. He says that wrote that he had been on the waitlist since 01/12/16. Mr. Cabagua states that on 04/26/17 he had to write another DSR explaining another tooth, that needed to be filled, broke and was in severe pain. He says that on 04/27/17 the doctor was able to save tooth #20, however, tooth #15had to be extracted because it was not tended to in a timely manner. Mr. Cabagua states that on 02/27/18 he filled out another DSR stating that the teeth that needed to be filled hurt bad and he again was put on the routine waiting list for thirty-four (34) months this time. He says that on 12/14/2020, 01/11/21, :03/15/21 and 04/08/21 he explained in four (4) DSR's that two (2) of his teeth are deteriorating and they hurt, pleading in the DSR that he needed help and didn't want to lose anymore teeth. Mr. Cabagua states that Finally on 04/20/21 he was seen by the Dentist and she explained that the teeth that needed fillings were dead and couldn't be saved, but said that she would try saving one (1) tooth. He says that on 12/14/21 he had his teeth cleaned and the hygienist stated that he had several teeth that needed to be filled, but more importantly his front tooth was cracked, needing to be filled as soon as possible. Mr. :Cabagua states that since 12/14/21 he has been putting in DSR's pleading to

have his front tooth fixed and his other teeth that need to be filled. He says that

Print Date: March 28 (2023) 2:24-cv-00022-SCD

WISCONSIN

Department of Adult Institutions DOC-401 (Rev. 04/18)

Administrative Code Chapter DOC 310

ICE REPORT COMPLAINT NUMBER OSCI-2023-2684 * * * ICRS CONFIDENTIAL * * *

he continues to be ignored and is requesting to have the other five (5) teeth filled before the get infected and have to be extracted. Mr. Cabagua lists the date of incident as 02/15/23, signed this complaint on 02/22/23, and this complaint was received in the Oshkosh Correctional Institution (OSCI) Institution Complaint Examiner (ICE) Office on 02/23/23.

As Mr. Cabagua lists issues concerning his dental care since 07/21/13 until 12/14/21, this examiner will only look at the timeframe from 12/14/21 to the date the complaint was received, as it would pertain to his most recent dental issues and routine waitlist timeframe. The other issues prior to 12/14/21 will not be looked into as those issues are well past the timeframes in DOC 310.07(2) for filling a complaint.

DOC 310.07(2) clarifies that an inmate shall file a complaint within 14 days after the occurrence giving rise to the complaint, and at the discretion of the ICE, a late complaint may be accepted for good cause, and when applicable, the inmate shall request to file a late complaint in the written complaint and explicitly provide the reason for the late filing. The ICE notes that there is no request within this complaint submission to accept this complaint as late; nor is there a reason listed for this late filing.

:Health Services Unit Manager (HSUM) Ludwig was contacted to review this complaint and the medical record. Documentation shows that on 12/16/21 a DSR was received and Mr. Cabagua was put on the routine waitlist. He submitted DSR's that were received on the following dates, noting that he was on the routine waitlist: 01/20/22, 02/23/22, 03/28/22 and 05/19/22. On 07/19/22 la DSR was received and Mr. Cabagua was put on the essential list to evaluate severe pain, Mr. Cabagua was seen by Dental on 07/26/22 reporting pain in teeth #9m #13 and #20. 1 BW and 3 PA radiographs were taken and Mr. Cabagua was informed that they would only be focusing on one tooth since it was an emergency appointment. Mr. Cabagua reported that #20 is the worst, reporting it is currently throbbing and it is very sensitive to hot and cold. He said that he took 1000mg of APA, but it doesn't really take away the pain. A radiograph of #21 showed an abscess so extraction was recommended, but Mr. :Cabagua refused the extraction and he signed a refusal form. It is noted that Mr. Cabagua noted he would let Dental know when it bothers him bad enough that he wants it extracted.

HSUM Ludwig noted that Mr. Cabagua as placed on the routine list for restorative treatment on 12/16/21 and his presence on the list has been communicated with him. She said that per DAI Policy 500.40.06 Routine Dental Care is to be completed within twelve (12) to eighteen (18) months and his current wait time is within the acceptable period. HSUM Ludwig stated that he will be called based on priority and list order.

Though he says he is being denied appropriate dental care, it is clear from the record no such denial is, nor has taken place. Mr. Cabagua has and continues to be seen by dental staff concerning his problems, and there is no reason to believe his needs are not being met.

WISCONSIN
Administrative Code
Chapter DOC 310

Department of Adult Institutions DOC-401 (Rev. 04/18)

ICE REPORT COMPLAINT NUMBER OSCI-2023-2684 * * * ICRS CONFIDENTIAL * * *

As the inmate's primary dental provider, their determination to make regarding what course of treatment to pursue. While Mr. Cabagua may not agree with that, or certain other determinations, they have been made based on years of education and experience.

The ICE brings no particular expertise to the task of evaluating any diagnosis and course of treatment initiated by trained dental professionals. No determination can be made with respect to the claims in the complaint, as it is arguably beyond the ICE's authority. Therefore, the ICE will not engage in an evaluation of the quality of care versus the demonstrated need as that discussion lies within the bounds of professional dental discretion. Simply put, Mr. Cabagua's beliefs and opinions as to his dental needs, though undoubtedly voiced to HSU and through the submission of this complaint, are not based upon years of experience and continuous education in the dental field and as evidenced here, do not carry the day when measured against the factual statements and evidence provided by HSUM Ludwig.

As such, it is recommended that this complaint be dismissed. The ICE has no reason to believe that the care and treatment offered to Mr. Cabagua is not adequate to the demonstrated need. In coming to this determination, the ICE relied upon the responses, documentation and professional judgment of the health care staff as noted above.

ICE Recommendation:

:Dismissed

Recommendation Date:

03/23/2023

T. Gillingham - Institution Complaint Examiner

Told Cillington

Department of Adult Institutions DOC-403 (Rev. 04/18) WISCONSIN
Administrative Code
Chapter DOC 310

REVIEWING AUTHORITY'S DECISION COMPLAINT NUMBER OSCI-2023-2684 *** ICRS CONFIDENTIAL ***

To: CABAGUA, MARK D. - #498939

UNIT: D-SI -- D007- U

OSHKOSH CORRECTIONAL INSTITUTION

PO Box 3310

OSHKOSH, WI 54903-3310

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Com	niaint	Infor	mation:
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Date Complaint Acknowledged: 02/23/2023

Date Complaint Received:

02/23/2023

Subject of Complaint:

22 - Dental

Brief Summary:

Inadequate dental care

ICE's Recommendation:

Dismissed

Reviewer's Decision:

Dismissed

Decision Date:

03/28/2023

A. Panos - Reviewing Authority

CC:

Distributed via email

Ludwig, J pelky, k hollander, h

A complainant dissatisfied with a decision may, within 14 days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.12, Wis. Adm. Code).

Print Date: March 28 2023 ase 2:24-cv-00022-SCD

Filed 1 Page 1051 Page 66 of 77

Reviewer's Office

DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-0643 (Rev. 8/2022)

INTERVIEW/INFORMATION REQUEST SOLICITUD PARA INFORMACION / ENTREVISTA

Instruction to Inmate: Do not use this form to contact health staff. Use a Health, Dental or Psychological Service Request.

Instrucciones para Reclusos: No utilice este formulario para comunicarse con el personal de cuidados de salud. Utilice una solicitud de servicio de cuidados de salud. dentales o psicológicos.

OFFENDER NAME	DOC NUMBER	LIVING UNIT
NOMBRE DELILA OFENSOR(A) Mark Cabagu	NUMERO DELLA OFENSOR(A) 498989	UNIDAD DE VIVIENDA
DATE FECHA 10-10-23	WORK ASSIGNMENT ASIGNACION DE TRABAJO	
☐ Interview Entrevista ☐ Information In	formacion	
STATE REASON FOR INTERVIEW OR SPECINDIQUE LA RAZON PARA LA ENTREVISTA		N QUE SOLICITA
HSU Manager Luclwig, Dr. Po	nas, the DAI Denta	1 Director has
agreed that I have not	been Seen timely	for restorative
treatment in accordance h	of policy Canyon	please Inform me
who does scheduling, because	C. Donnell office	of the Secretary
has agreed with other Inmates		,
timely maner. And they Submi	Hed a DER form an	d were seen the
next day. Can you please help		
suffering I've been having to	encluse for the 1651	4 years, Thanks.
	his Line) (<i>No Escriba Debajo Esta Lin</i> UEST <i>DISPOSICION DE LA SOLICI</i>	
You Will Be Interviewed Da	ate:	Time:
Usted sera entrevistado Fe	echa: RE	CENED
Information to Follow Informacion Sera Proveida	no	CT 11 2023
Request Referred To: Solicitud Refereida A:		11 2023
Manage of the second of the se		GI-HSU
Information/Comment: Informacion/Comentario:		
Forward to HSO Mai	rage Ment /	Zelky
	Mr. Cabage	ıa,
	Please provide	the date you
Michael		
Milner	so t may n	onse from Dr. Paros eview Kelly Belly Dollar
RN HSU OSCI		ent Departamento 0122/23
Signed / Illinduo	Soparin	



WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony S. Evers / Secretary Kevin A. Carr

Oshkosh Correctional Institution

Cabagua, Mark D - 498939 UNIT: _D-SI - D007_U Oshkosh Correctional Institution P.O. BOX 3530 Oshkosh, WI 54903-3530 05/31/2023 DAI-2023-54149

This is in response to your correspondence received in the Warden's Office on May 23, 2023 regarding your dental concerns.

Per HSU Manager Ludwig your last dental hygiene (cleaning appointment) was November 2, 2021. You were placed on the hygiene list for a 12 month recall. On December 16, 2021, you submitted a dental service request in which you were placed on the routine dental list for filling of a cracked front tooth. You remain on the routine wait list and will be called in order of the routine list. It should be noted you have been seen for essential dental needs as they arise. OSCI was without a dental hygienist and down dentist, thus the wait lists are long. The team is working diligently to see all urgent and routine patients in a timely manner.

Sincerely,

Cheryl B Eplett Warden

They Eillet

CC: File #498939

1730 West Snell Road, Oshkosh, WI, 54901 - (920) 231-4010

Exhibi Case 2:24-cv-00022-SCD

WISCONSIN Administrative Code Chapter DOC 310

Department of Adult Institutions DOC-404 (Rev. 04/18)

CCE REPORT COMPLAINT NUMBER OSCI-2023-2684 * * * ICRS CONFIDENTIAL * * *

To: CABAGUA, MARK D. - #498939

UNIT: _D-SI -- D007-_U

OSHKOSH CORRECTIONAL INSTITUTION

PO Box 3310

OSHKOSH, WI 54903-3310

Date Appeal Acknowledged: :04/05/2023

Date Appeal Received: 04/05/2023

22 - Dental Subject of Complaint:

Brief Summary: Inadequate dental care

Method of Disposition: Review on Record? Yes Investigation?:No

CCE's Recommendation: :Dismissed

Cabagua was placed on routine waiting list on 12/16/21. Per DAI Policy

:500.40.06 Routine Dental Care is to be completed within twelve (12) to eighteen (18) months.

In agreement with the report of the Institution Complaint Examiner, noting the complaint has been reviewed and decided by the BHS Dental Director, and that:

the inmate has provided no new information on appeal to warrant

recommending overturning that decision, it is recommended this appeal be

dismissed.

Recommendation Date: 04/14/2023

B. Hompe - Corrections Complaint Examiner

DOC-410 (Rev. 04/18)

WISCONSIN Administrative Code Department of Adult Institutions Chapter DOC 310

ICE RECEIPT COMPLAINT NUMBER OSCI-2023-2684 * * * ICRS CONFIDENTIAL * * *

To: CABAGUA, MARK D. - #498939 UNIT: D-SI -- D007- U OSHKOSH CORRECTIONAL INSTITUTION PO Box 3310 OSHKOSH, WI 54903-3310

Complaint	Information:
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Date Complaint Acknowledged	***************************************	.;
Date Complaint Received:	:02/23/2023	
	22 - Dental	.:
Brief Summary:	nadequate dental care	- :

This is to acknowledge the complaint you filed which was received on the date indicated. Depending on the nature of the complaint, you may or may not be interviewed by the ICE. A recommendation on the complaint will be made and submitted to the appropriate reviewing authority within 30 days of acknowledgement. A decision will be made by the appropriate reviewing authority within 15 days following receipt of the recommendation unless extended for cause.

Please write to the ICE if this issue is resolved before you receive an answer.

EXHIB Case/2:24-cv-00022-SCD Filed 12/20/24

Print Date: February 23, 2023

Page 1 of 1
** ICRS CONFIDENTIAL **

Institution Complaint Examiner's Office

WISCONSIN
Administrative Code
Chapter DOC 310

Department of Adult Institutions DOC-405A (Rev. 04/18)

CCE RECEIPT COMPLAINT NUMBER OSCI-2023-2684 * * * ICRS CONFIDENTIAL * * *

To: CABAGUA, MARK D. - #498939

UNIT: _D-SI -- D007-_U

OSHKOSH CORRECTIONAL INSTITUTION

PO Box 3310

OSHKOSH, WI 54903-3310

Complaint I	nformation:
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Date Appeal Acknowledged:	04/05/2023	
Date Appeal Received:	04/05/2023	
Subject of Complaint:	:22 - Dental	
Brief Summary:	Inadequate dental care	• :

Your request for review has been received.

The Corrections Complaint Examiner (CCE) has 35 days to submit a recommendation to the Office of the Secretary (OOS) for Review. The OOS has 45 days to make a decision after receiving the CCE's report. The OOS may extend the time for making a decision for cause and upon notice to all interested parties.

If you do not receive a decision or other notices within that time, you may write directly to:

Secretary of the Department of Corrections Post Office Box 7925 Madison, WI 53707-7925



INTERVIEW / INFORMATION REQUEST SOLICITUD PARA INFORMACION / ENTREVISTA

Reason Razón: Oler Seven montes ago, I had be the Cleaned, and the hydrony sist stated that my ont touth, reached to be tilled as soon as soon as the hydrony touth the thist that my other the that my other the that my other the that had be tilled as soon as soon as soon as soon as soon as tilled never yet tilled. Can you please how the soft of sineone that concerts that he sould be tilled never yet tilled. Can you please how the soft of sineone that concerts the tracket had be the soon as the soon as soon
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WISCONSIN Administrative Code Chapter DOC 310

OFFICE OF SECRETARY DECISION **COMPLAINT NUMBER OSCI-2022-17207** * * * ICRS CONFIDENTIAL * * *

To: ANDERSON, JACOB T. - #701794 UNIT: D-\$1 -- D024-_U OSHKOSH CORRECTIONAL INSTITUTION PO Box 3310

OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:

Date Appeal Received:

Subject of Complaint:

Brief Summary:

Person(s) Contacted:

OOS Decision:

Decision Comments:

01/03/2023

22 - Dental

not being seen by dental

Dental Director, BHS Director, DAI Administrator, OOS

The following is the Secretary's decision on the Corrections Complaint

Examiner's recommendation of 01/18/2023 in the above appeal: The attached Corrections Complaint Examiner's recommendation to DISMISS this appeal is not accepted as the decision of the Secretary. The decision is to AFFIRM this

appeal.

Per DAI policy 500.40.21 - Dental Performance Data and Dashboard

Management, the wait times for services are as follows:

Urgent 24 hours (working days) from receipt of DSR (72 hours (working days)

for facilities without full-time dentist) Essential-Routine 8 Weeks Routine-

Routine 40 Weeks

Prosthetic-Routine 52 Weeks (from completion of pre-prosthetic treatment)

Hyg-Initial Request 52 Weeks

Hyg-Recall 8 Weeks Hyg-Chronic 8 Weeks

The complainant was placed on the hygiene and routine list on October 13, 2021. Policy states he will be seen within 40 weeks for routine and 52 weeks. for hygiene. It was confirmed with the Dental Director that the complainant has still not been seen. Suspension of the administrative rules does not apply to the provision of medical or dental care. Copy to the Bureau of Health Services

Director for review and appropriate action.

Filed 12/20/24

Decision Date:

02/10/2023

\$...

Print Date: February 10, 2023

Page 1 of 2 ** ICRS CONFIDENTIAL ** Office of the Secretary

DEPARTMENT OF CORRECTIONS Division of Adult Institutions DOC-3392 (Rev. 2/2019)

DENTAL SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

é NOTIFY ANY FACILIT	IY STAFFIFYOUR D	ENTAL NEED IS AN EI	MERGENCY 👄
PRINT LAST NAME	PRINT FIRST NAME	DOC NUMBE	R
Anderson) or oh	701	799
FACILITY NAME	HOUSING UNIT	TODAY'S DA	
OSCI		1-	13-23
COPAYMENT DISBURSEMENT REQUEST S AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a cop it will not be denied care if I am unable to pay the o By signing below, I am initiating a request for disb Failure to sign below will NOT prevent the copayment	payment of \$7.50 for a visit (face to copayment. ursement of my funds for the copa	yment at the time of the visit when	a copayment is required.
PATIENT SIGNATURE (Indicates request for disburse	ment of your funds to pay the \$7.50	o-payment at the time of the requeste	ed visit when a copayment is required.)
TO BE COMPLETED BY DENTAL SERVICE (Charge Copayment: Yes No AUTHORIZED STAFF SIGNATURE	UNIT (DSU) STAFF ONLY	DATE OF SERVICE	
DENTAL SERVICE REQUEST SECTION INSTRUCTIONS TO PATIENT: Be sure to include to Place all 4 pages of the completed form in the sick of ANNUAL EXAM/X-RAYS FILLING DENTURES (False Teeth) TEETH CLE. INFORMATION DENTAL RE OTHER: Please provide a brief description below of the complete structure of the complete structure.	all box. The DSU will send a copy EX ANING CORD REVIEW CO	back to you indicating that your req FRACTION (Tooth Pulled) DICATION PIES FROM DENTAL RECORD (LI	uest has been received. ist records below).
I received my ICE was suppose to be seen are causing me pour Admi apply to Medical or dental per	nistrative Code Suspension Madison Pan I	n closs not please be such	DATE RECEIVED: TO BE STAMPED BY DSU
FOLD THE BOTTOM OF THE FORM UP PATIENTS: DO NOT WRITE			
RESPONSE		BY HSU WHEN DENTAL STA	
☐ Treated Today		າກ in HSU:	
☐ Urgent Appointment Made	7 13	(initials):	
☐ Essential Wait List - Approx. Wait Time ☐	<u>///</u> Medicati	ons given, if any:	
☐ Routine Wait List - Approx. Wait Time 1	축약(1997), March 11 - 전 1884 - 1일 시 - 11 전문 1884	nent charged by HSU: Yes	□No
☐ Denture Routine Wait List - Approx. Wait Tin	ne:		
☐ Teeth Cleaning Wait List - Approx. Wait Time	e		
Request Forwarded to:			A.
☐ Refer to MPAA for record review appointmen	nt or for copies only. (Must be	within 30 days of request.)	
PRINT STAFF NAME	· fileways	list want	here
DISTRIBUTION: Original - Dentrix, Official Record (1	(12 sheet) - Rusiness Office Eller	ony - Patient (4/0 ho Botoro (5-4) -	g after engly
Case 2:24-cv-00022-S	22.PTP Hilledt 007/10/15/224	Page 74 of 77 Do	neentt 310-31.

IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF WISCONSIN

MARK D. CABAGUA,	
Plaintiff,	
v.	Case No
CHERYL EPPLIT, et al.,	
Defendants.	
DECLARATION UNDE	CR THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
I Lee A B	was placed on the routine wait list
pursuant to DAI Policy 500. 40.	21, for restorative treatment. I have not been seen within
the 40 week period prescribed by	y DAI Policy.
es .	
	ϵ
	Executed on thisth day of December, 2023.
	Respectfully submitted,
	#385934

DENTAL SERVICE REQUEST

WISCONSIN Adm. Code

Division of Adult Institutions Ch. DOC 316 AND COPAYMENT DISBURSEMENT AUTHORIZATION DOC-3392 (Rev. 2/2019) É NOTIFY ANY FACILITY STAFF IF YOUR DENTAL NEED IS AN EMERGENCY ← DOC NUMBER PRINT FIRST NAME PRINT LAST NAME TODAY'S DATE HOUSING UNIT **FACILITY NAME** COPAYMENT DISBURSEMENT REQUEST SECTION AGREEMENT BY PATIENT: I understand the following: The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required. I will not be denied care if I am unable to pay the copayment. By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required. Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required. PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 co-payment at the time of the requested visit when a copayment is required.) TO BE COMPLETED BY DENTAL SERVICE UNIT (DSU) STAFF ONLY Charge Copayment: Yes DATE OF SERVICE AUTHORIZED STAFF SIGNATURE **DENTAL SERVICE REQUEST SECTION** INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The DSU will send a copy back to you indicating that your request has been received. ☐ EXTRACTION (Tooth Pulled) FILLING ☐ ANNUAL EXAM/X-RAYS **□** MEDICATION TEETH CLEANING DENTURES (False Teeth) COPIES FROM DENTAL RECORD (List records below). I DENTAL RECORD REVIEW INFORMATION OTHER: Please provide a brief description below of the services you desire so that DSU can respond to your request appropriately. DATE RECEIVED: TO BE STAMPED BY DSU FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL. PATIENTS: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY STAFF ONLY TRIAGE BY HSU WHEN DENTAL STAFF NOT ON-SITE RESPONSE Date seen in HSU: □ Treated Today Seen by (initials): _ ☐ Urgent Appointment Made Medications given, if any: _ Essential Wait List - Approx. Wait Time Co-payment charged by HSU: Yes No Routine Wait List - Approx. Wait Time Denture Routine Wait List - Approx. Wait Time Teeth Cleaning Wait List - Approx. Wait Time Request Forwarded to: Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request WRITTEN RESPONSE DATE OF DSU RESPONSE PRINT STAFF NAME

DISTRIBUTION: Original - Dentrix, Official Record (1/2 sheet) - Business Office File; Copy - Patient (1/2 pg. before/full pg. after appt.)

IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF WISCONSIN

MARK	D.	CAB	AGUA.

Plaintiff,

٧.

Case No. 24-C-22

CHERYL EPLETT, et al.,

Defendants.

DECLARATION UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Karl Landt hereby declares:

I was placed on the routine wait list pursuant to DAI Policy 500. 40. 21 for restorative treatment. I was not seen within the 40 week period prescribed by DAI Policy. Due to the delay, I had to have my tooth extracted.

Executed on this 10 th day of January, 2024.

Respectfully submitted,